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MONTREAL

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THE CANADIAN NURSE

L'Infirmière canadienne

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Editor and Business Manager
MARGARET E. KERR, M.A., R.N.

Assistant Editor
JEAN E. MacGREGOR, B.N., R.N.

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Between Ourselves

When an author states that "the enclosed manuscript contains 2546 words" we always have a mental picture of someone laboriously ticking off the words per page and wonder why they bother to do it! If it takes only 300 words to give an adequate account of a meeting or an institute or some new technique, why set a goal of 500? If it requires 4000 words to give the essential details of a study in comprehensive nursing care, why ask the editor how many words should be used? This tendency to count words would seem to be a hangover from high school essay writing days when an assignment might be "500-word description of flora and fauna in the Canadian sub-Arctic."

The case in point, at the moment, is your editor's **report on the Congress of the International Council of Nurses,** held in Rome May 27 — June 1, 1957. It could have been written merely as a program outline — which would have been terribly dull reading. It could have summarized the business discussions, the papers that were given in very broad, general terms, trusting to the nurses from every part of Canada who were present to pad out the gaps.

Then we remembered three things. Though the summary of the business discussed and the addresses will be published in the October issue of *International Nursing Review,* not very many Canadian nurses are subscribers. It would certainly be worth the price of the subscription to have the opportunity of reading those addresses yourself. We will not be publishing any of them excepting **Helen Carpenter**'s that appears in this issue.

The second point is that only about six of the Canadians who were in Rome were given copies of everything. So no matter how carefully they took notes, few of the representatives could give a complete story. As a matter of fact, most of them asked us how soon our summary would be published so that they might have material for an adequate report to the chapter, the hospital or the alumnae association that had contributed to their expenses.

Finally, we thought of the hundreds of very interested nurses who were *not* privileged to attend the Congress who most certainly would want as many details as could be fitted into a report of this kind. What would Dorothy Percy like to know — or Alice Wright or Gertrude Hall, who reported the 1949 Congress so well? With these and countless others in mind, Congress in Rome was written — without any word count being made!

Andrée Beaudry, a youthful graduate of St. Mary's Hospital, Montreal, has written her own account of the Congress for our French-language readers.

* * *

The National Committee on Nursing Education proposed that a series of articles on several aspects of the topic "A Philosophy of Nursing" should appear in the *Journal* during this biennium. The first of the articles, written by Dr. **Muriel Uprichard** appears in this number under a fascinating title "Black Cats, Dark Rooms and Blind Men." Don't miss it!

* * *

Several months ago **Merle Smith**, who was then in the operating theatre of Royal Victoria Hospital, Montreal, presented a very lengthy paper at an institute on the organization and equipping of operating rooms, and the training of personnel to work there. It was too long a paper to be published in one issue of our *Journal.* At about the time we had decided to divide it, arrangements were worked out with the editor of the journal of the Canadian Hospital Association that they should publish the first section in the August issue of *The Canadian Hospital.* We have included the educational material in this issue.

* * *

It is with profound regret that we announce the severing of a long-standing link in the service provided to our subscribers by the Journal office. Many of you will know of Miss **Mary Birnie**, who has been our book-keeper since 1933. On June 20 Miss Birnie suffered a cerebral accident and will not be returning to our staff.

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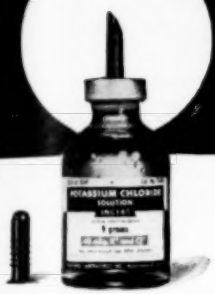

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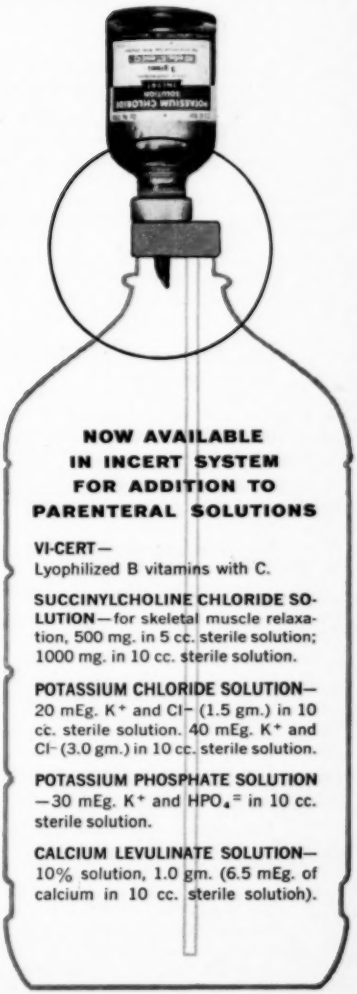

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 53 NUMBER 8

MONTREAL, AUGUST, 1957

Congress in Rome

THERE WAS A THRILL of expectancy throughout the great hall of the Palazzo dei Congressi on that Monday morning, May 27, 1957. Hundreds of nurses, gathered from every corner of the world, crowded in with official guests and well-wishers to witness the opening session of the 11th Quadrennial Congress of the International Council of Nurses.

It was a joyous occasion. Friends who had not seen each other for years, perhaps, hailed one another with delight. Brilliant splashes of color marked the native costumes of Asiatic and African nurses. Amateur photographers lined the galleries and discussed the lighting problems. Somewhat gingerly, nurses who were unaccustomed to a gathering where earphones were attached to every chair tried the head-sets on. One of the miracles of modern science made it possible for everyone to follow all of the proceedings in the language of their choice. Facilities were available for simultaneous translation into English, French and Italian. Only once during the entire week was there a breakdown in the electrical power. Then it was necessary to take a brief recess for not even the most powerful voice could be heard unaided in that vast building.

The Esposizione Universale Romana is a large group of multi-purpose buildings built by Mussolini in his

(Suriano & Magis—Rome)

The assembled throng.

heyday. Situated four miles from Rome, there is ample space for many more buildings that were in the original plan but for which money is no longer available. The Congress headquarters was an impressive sight as its white marble gleamed in the clear sunlight.

The I.C.N. had made arrangements for C.I.T., the principal transportation company in Rome, to pick up all of the nurses at numerous assembly points throughout the city. There was understandable confusion that first morning for hundreds of the nurses had arrived after the registration facilities had closed on Sunday so had not received their identification card. History blended with modern methods as the laden buses poured out past the ancient brick wall that once had completely encircled the city of Romulus and Remus.

Though none of the morning sessions opened until 10:00 o'clock, the buses left the city at 8:30 A.M. for the run of less than half an hour. The same pattern was repeated at 5:30—6:00 P.M. as the Congress members poured back into the city. No one was forced to remain at the E.U.R. all day for lack of transportation, however. Bus No. 93 was available at regular intervals. There was easy transportation to Rome's one and only subway, with frequent trains. And always there were the ubiquitous taxis.

Using an unfamiliar currency did not seem to present many problems. With the lire exchange rate varying between 600 and 625 per dollar, depending upon where money was changed, most of the Canadians used the device of reckoning 100 lires as worth 16 cents and felt considerably reassured on that basis when a taxi trip registered, say 300 lires. The only problem was to reckon quickly enough how much the tip should be! Canadian taximen would doubtless be pleased if they were

permitted to adopt the practice current in Rome of doubling the registered fare after 10:30 P.M.!

Being interested, naturally, in matters relating to public health, the nurses were pleased and relieved to know that all water supplies in Rome are safely chlorinated, all milk and milk products pasteurized. Nevertheless, with the lunches available on the lower floor of the E.U.R. an assortment of wines was always served as the beverage. Tea or coffee could be procured in the lounge at any time of the day for a small price. The familiar brands of soft drinks were also much in evidence.

There was considerable dissatisfaction expressed by many of the registrants with the luncheon menus. Typically Italian foods were served so some of the nurses found the dressing on the salads unpalatable, the absence of the familiar sandwich or doughnuts or piece of pie a trial. Most people decided that the only sensible course was "When in Rome do as the Romans do" so none suffered from malnutrition!

(Suriano & Magis—Rome)

Lunch time.

For supposedly careful and sensible women, those nurses were very casual about their personal belongings! Everything from notebooks to spectacles and even a diamond ring were left lying about. Eventually, a special lost and found department had to be set up to handle the volume. In the large room set aside for the purpose the floor was literally covered with articles awaiting their rightful owners.

To provide everyone with a running account of the proceedings as a permanent record, Miss Susan King-Hall, Public Relations officer of the I.C.N., ably assisted by Miss E. Best of U.S.A. and Mlle J. Martin of France, prepared the material for daily news bulletins. The mimeographed copies were in such terrific demand by nurses, who had their minds on the reports they would have to give to the associations back home, that each day's stack of over 3000 copies melted like ice in warm water. Several nurses thought it would be wonderful to take home enough copies to supply them to each member of their chapter. One nurse was heard asking for "one hundred copies, please." Needless to say, she did not get them!

MONDAY

Opening Session

With Mlle Marie M. Bihet, president of the I.C.N. in the chair the Congress was opened promptly at 10:00 o'clock. The group of youngsters of the "Coro di Voci Bianche," who had stood patiently for an hour without shuffling or murmur, led off with four choral numbers that were beautifully sung. As Miss Daisy Bridges, executive secretary of the I.C.N. called the roll, nurses from 57 countries stood. All told, there was a registration of 3,122 of whom 40 were student nurses from countries other than Italy. No student was present from Canada though we were well represented by some 225 nurses. Every province shared to make this splendid total.

Donna Carla Gronchi, the strikingly attractive wife of the President of Italy, who was the patroness of the Congress, was present for the opening ceremonies, together with an imposing array of state and civic dignitaries. In welcoming us to Rome the Mayor, Senator Umberto Tupini, stressed the importance of the thorough preparation of nurses that they may adequately fulfill their tasks as the medium between doctors and patients. Nurses have aided greatly in the battle of preventive medicine against disease.

Following messages of greeting from the High Commissioner for Health in Italy and the president of the Federation of Physicians and Surgeons, Miss Antonietta Sgarra, president of the Italian Nurses' Association, welcomed the Congress participants.

> This important professional meeting crowns the endeavors of thousands of Italian nurses who have regarded membership in the International Council of Nurses as a coveted symbol of their continuous efforts to improve both the education of nurses and the nursing services of their country.

Miss Bihet's presidential address followed. She dwelt briefly on the theme that has dominated I.C.N. activities for the past four years — "Responsibility." She felt that the full report of the work that has been accomplished would be a great impulse to nursing throughout the world.

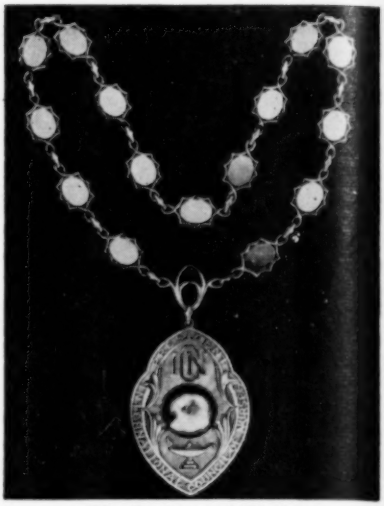
An interruption in the scheduled

(Suriano & Magis—Rome)

MISS BIHET ACCEPTS

program occurred at this point when Miss Elise Gordon, editor of *Nursing Mirror,* on behalf of all of the editors of nursing journals, presented a badge and chain of office to the president of the I.C.N. In accepting it, Miss Bihet expressed her considerable pleasure in being the first to wear this symbol of the presidential office. She promised that it would be passed on to succeeding presidents as each is elected.

Votes of thanks to the speakers were voiced by Miss E. Y. Knowlman of Northern Rhodesia and Miss E. Deniz of Turkey.



The Badge and Chain.

THE GRAND COUNCIL

As an experiment in program planning, for the first time the business sessions of the Grand Council of the I.C.N. were thrown open to enable the general membership of the national associations to sit in as observers. Only the official delegates were supplied with copies of the many reports and only they were permitted to take part in discussion. It was very interesting to note that a very considerable proportion of those observers were present at the five Grand Council sessions that followed. Many drifted away to go on sightseeing tours, however.

Delegates from the 37 member countries and national associate representatives from 17 countries responded to the roll call. Each member country is entitled to five delegates and it was exceedingly interesting to note that the great majority of them had their full quota present. The delegation from the Canadian Nurses' Association was led by our president, Miss Trenna Hunter and included Miss Alice Girard, Miss Helen McArthur, Sister Mance Décary and Miss M. P. Stiver. Miss Lyle Creelman, as the official representative of the World Health Organization, was among the invited guests.

In a summary such as this it is

The opening ceremonies. MISS HUNTER *is third from the right in the back row.*

impractical and unnecessary to present detailed quotations from the numerous reports. It will suffice to touch briefly on the most important items of business that were discussed.

With appreciation Miss Daisy Bridges described briefly the acquisition of the house in the historic Borough of Westminster, London. Held on a very long lease, it will serve as I.C.N. Headquarters for generations to come. Reference was made to the generous gifts of furnishings and equipment from national associations and individual nurses. She concluded her report of a very busy four years of work and travel by pointing out that the strength of the I.C.N. lies in the continued support of the nearly half a million individual nurse members — the largest professional association in the world.

Miss G. Evelyn Davies was accorded a standing vote of appreciation after presenting her report as Honorary Treasurer, a post she is now relinquishing after many years of service.

At the earnest request of delegates from several non-English speaking countries it was decided by majority vote to eliminate the words "International Foundation" and to name the nursing education section the "Florence Nightingale Nursing Education Division of the I.C.N." A chuckle ran around the audience when vigourous Miss K. Pohjala of Finland remarked that the new name would be much easier on those from "non-speaking" countries.

On motion by Miss Agnes Ohlson, U.S.A. a nursing service division is to be set up within the I.C.N. as well as one for nursing education.

EVENING RECEPTION

The Italian Nurses' Association was hostess to all Congress participants at a reception in the Palazzo

Venezia. Steeped in hundreds of years of religious and political tradition this ancient building was jammed for hours as nurses and their friends partook of the bountiful refreshments, admired the priceless statuary and hanging tapestries or simply stood and chatted.

(Suriano & Magis—Rome)

At the reception.

TUESDAY

Grand Council

The chairman of the Membership Committee, Miss Eli Magnussen presented the first report of the day.

Applications for full membership in the I.C.N. were approved for: Barbados,

(Suriano & Magis—Rome)

Liberia becomes a member.

Colombia, Ethiopia, Iran, Israel, Liberia, Malaya, Panama, Uruguay and Yugoslavia. National Associate representation was accorded to the Argentine Nurses' Association, the Nurses' Association of El Salvador, the Association of State Registered Nurses of Ghana, the Nurses' Association of Nigeria. Mrs. Majaj, president of the Nurses' Association of Jordan was appointed as an interim associate representative of that country.

Thus, full membership in the I.C.N. is now held by 47 countries with more than a dozen associate representatives.

There was considerable discussion of the pros and cons of the including in the active membership of national associations those nurses who have had specialized training in midwifery, psychiatry or pediatrics without having taken the full general course in nursing. It was suggested that these specialists should be given associate membership. The matter was referred to the new Membership Committee for consideration.

Miss Pearl McIver in presenting the report of the Constitution and Bylaws Committee pointed out that though extensive revisions were proposed only a few of them actually changed the import of existing bylaws. The outstanding changes were:

The officers of the I.C.N. will constitute an Executive Committee, responsible for necessary actions between meetings of the Board of Directors.

Clarification and re-definition of the duties of the Board of Directors.

Broadening the list of nominees for the vice-presidencies by including all candidates for the presidency who were not elected to that office.

Granting nurse executive secretaries of active member countries the right to participate in discussions at meetings of the Board of Directors but denying them the right to vote. Heretofore the executive secretaries have only been allowed to sit in as observers.

The number of persons serving on Standing Committees is to be "not less than five nor more than nine members."

The creation of a new article to provide for an International Student Nurses' Unit to which national student nurse groups may belong in countries where the professional nurses' association is a member of the I.C.N. In actual practice, student nurse membership in the I.C.N. will be through the national nurses' association.

Tea Reception

All the members of the Grand Council were invited to a reception

at one of the large hospitals in Rome at 5:30 P.M. Their entertainment consisted of a fashion show put on by Italian couturiers but failed to include any food! Fortunately the dinner hour is a very late affair in Rome so the members were able to satisfy their hunger back at their own hotels.

WEDNESDAY

Grand Council

The report of the Ethics of Nursing Committee, presented by Miss M. E. Craven, indicated that the Code of Ethics, approved in 1953, has now been translated into 15 languages.

It is our heartfelt wish that in the course of time this Code of ours will encircle the globe, and that in the future it may be said without exaggeration that through its National Member Associations and by means of this Code, the International Council of Nurses has helped innumerable nurses to realize and understand the great ethical principles which underlie their chosen profession.

Numerous nurses' associations reported that a copy of the Code is given to each student nurse within the first week of her entry into a school.

Approval was given to a recommendation that an international essay competition be undertaken, the subject of each essay to be one or more of the "Watchwords" given by the I.C.N. president at the close of each Congress.

There is a broad choice from which nurses may choose their theme for an essay, including "Courage, Life, Ambition, Service, Concord, Loyalty, Faith, Responsibility." The new Watchword for this Quadrennium was given at the closing session by Miss Bihet. It is "Wisdom."

Reporting for the Nursing Education Committee, Miss Ruth Sleeper presented a list of the "Minimum essential equipment for classrooms." An explanation and evaluation of the *situation approach* method of teaching was given.

Mrs. B. A. Bennett's lengthy report of Nursing Service dealt with the numerous papers on acceptable standards of nursing care that have been or are in course of preparation, and the demand for and supply of nursing staff. Only Eire, Southern Rhodesia and Spain indicated that they have no shortage of staff.

"Exchange of Privileges" is the new name of the committee chaired by Miss Margaret Kruse. Many exchanges have been effected in the past four years. It was urgently stressed that:

1. All exchanges should be made through the national nurses' associations rather than by individual nurses to a hospital of their choice.
2. A working knowledge of the language of the country in question is almost always required.
3. Each nurse should have at least one year of graduate experience before applying for exchange of privileges.
4. Study visits abroad be restricted to nurses who are in good standing in their own association. Nurses should remember that the vacation period is a poor, almost impossible, time to make such study visits.

The appointment of Miss Susan King-Hall, publications officer since June, 1956, as editor of the *International Nursing Review* was confirmed following Miss Bridges' report of the Publications Committee. It was decided to dispense with this committee and appoint instead an Editorial Board consisting of the executive staff at I.C.N. Headquarters and such other members as the I.C.N. may choose to appoint. It is hoped the *Review* may be published on a quarterly basis. Nurses are urged to support it with their subcriptions — price $2.50 per year.

Election of Officers

The elections took place during the afternoon session. Those elected to serve for the next four year period were:

President — Miss Agnes Ohlson, United States
1st Vice-president — Miss Marie Bihet, Belgium
2nd Vice-president — Miss Kyllikki Pohjala, Finland
3rd Vice-president — Miss Gladys Schott, Australia
Treasurer — Miss Marjorie Marriott, Great Britain

Following the close of the business session there was a splendid

musical program including solos by an opera singer, Madame Ester Orell and choral singing by a group of madrigalists. During this period, impressive and colorful ceremonies were conducted as the ten new countries mentioned above were admitted to full membership.

Many enjoyed the long twilight of a free evening to go sightseeing.

THURSDAY

The Audience

Despite the early morning drizzle, nurses of many faiths flocked to Vatican City at an early hour to participate in the much-sought privilege of participating in the audience with

(Suriano & Magis—Rome)

Nurses from the Philippines.

His Holiness, the Pope. St. Peter's church was densely thronged as some two dozen groups, hundreds of individuals, and approximately 3000 nurses jammed into it. The Holy Father voiced a blessing upon the assembly, with great fluency, in six languages — Italian, French, English, German, Spanish and Portuguese. The striking uniforms of the Swiss guards, the colorful attire of the bearers and attendants, the magnificence of the great edifice, the cheers and cries of "Viva le Papa," the kindliness and serenity of the aged religious leader made a deep impression on the assembled throng.

Congress Addresses

In the original planning, formal presentation of papers on the topic "The Role of the Nurse in the Total Health Program," with time for discussion, was scheduled for Thursday morning. The afternoon had been left open for professional visits. With the postponement of the papers until 3:00 P.M. a great many of the Congress registrants returned to the E.U.R. instead of going on the observation tours. They were well rewarded.

Miss Majsa Andrell, chief of the nursing division, Royal Medical Board of Sweden, was the first speaker.

She noted that though nursing as an occupation is as old as mankind, professionally it is still young. In many countries it is still taken for granted that the medical profession knows more about nursing than the nurses do themselves. This would seem to indicate that nursing is not everywhere respected as a profession that has unique skills to offer.

Today, a curious paradox exists. More and more, it is being stressed that the patient must be regarded as a whole person whose mental, spiritual and social, as well as his physical needs must be met. On the other hand, with increased knowledge, medical personnel and health work are becoming more and more specialized!

Many of the newer trends in hospital nursing are old, familiar ideas to the public health nurse. As time goes on, there seems to be less need to distinguish between hospital nursing and public health nursing, between the skills necessary for sick nursing and health nursing. What is most needed in the development of adequate total health programs is the broadly educated, the polyvalent nurse who is equally at home in every situation of sickness or health.

Miss Helen Carpenter, assistant professor of public health nursing, University of Toronto, was the second speaker. We are privileged to present in full the paper she gave. Turn to page 720 and read it in its context in this discussion. Those who are interested in reading the other papers in full should send their subscription for the *International Nursing Review* immediately, as the addresses will be in the October issue.

The final speaker of the afternoon was Miss Anita Marin, director of

the School for Public Health Nursing, Padua, Italy.

She stated that in Italy the change of thinking and practice from "cure" to prevention had only started to evolve in recent years. Laws passed in 1954 had clarified the distinction between qualified and unqualified personnel by providing that the teaching in schools for assistant nurses must be carried out by registered nurses.

The role of the midwife was discussed. She is an important figure in the Italian health program since her job is to ensure nursing facilities in even the most remote country districts. She is not yet regarded as a part of the professional health team.

Editor's Dinner

Recognizing the part that nursing journals should play in expanding the knowledge of the work being undertaken by the I.C.N., a special evening session was arranged for as many of the editors of professional magazines as were in Rome. Thirty countries were represented. From the active discussion following dinner and a subsequent session on Saturday morning, it is proposed to organize an Association of Editors of Nursing Journals. Preparatory plans are in the hands of an interim executive of five, of whom your editor is one.

FRIDAY

Congress Addresses

The entire day was devoted to the presentation of papers and discussion of them. "Responsibility for the Selection of Nurses" was considered in the morning from the points of view of the needs of the profession and of the community. Miss Gladys Schott, child welfare officer, Department of Social Services, Tasmania, and Miss Tellervo Hänninen, director of Lappeanranta School of Nursing, Finland spoke on the first aspect; Mrs. Rosario Ordiz, assistant chief nurse, Manila Health Department, Philippines, and Miss Eli Magnussen, chief of the nursing section, National Health Service, Denmark, the second.

After discussing the main essentials of a profession and indicating the personnel necessary to maintain the profession as an efficient and powerful organization, Miss Schott stressed the importance of the first interview to both the selector and the candidate. "Assessment of the candidate's vocabulary, her knowledge of general information and judgment will give a basis on which to estimate whether the candidate is likely to succeed in the educational progr un . . . Equally essential is an assessment, if possible, of her sense of responsibility and her *real* reason for choosing nursing . . . Being answerable to her own conscience a wise selector will . . . establish and maintain the highest possible standards on which to base her choice."

Miss Hänninen stressed the fact that schools of nursing are at a disadvantage when competing with other fields for capable young people. "The greatest weakness in the present method of recruiting is that the public (is) not enlightened as to the broadness of the field of nursing and the fact that it requires the abilities and talents of many different types of people . . . The greatest damage to successful recruiting is caused by student and graduate nurses who for some reason are not satisfied with their choice of profession." She indicated some of the changes that must be considered in order to make nursing and the education of nurses more attractive to young people today. How many resignations could be avoided if competent guidance were available? All of the causes of resignation require study. She concluded with the comment that the selection of a student is not a task belonging solely to the school of nursing. The responsibility belongs both to the community and to the nursing profession as a whole.

Mrs. Ordiz believes that because some other professions assure greater material gains than nursing, with less arduous preparation, not a few women shun the profession for economic reasons. As a stimulus to student nurse recruitment, communities should be stirred to action to provide scholarship assistance for those who are willing to take up nursing but cannot do so because of financial difficulties. In return for community interest nurses should be encouraged to participate actively in civic affairs.

"In the selection of nurses we must bear in mind that the needs (of the

community) should be met not only quantitatively but also qualitatively," said Miss Magnussen. Even though differences in nursing needs exist from country to country, the need will always be influenced by the following basic factors:

1. The health situation of a country — the state of health, the most dominant diseases, etc.

2. The cultural and social set-up: a) Traditions in religion, customs etc. b) The social status of women.

3. The geographical distribution of the population.

4. The number of and different kinds of health workers available and needed. From the developments in the first half of this century, it is obvious that as the community's needs expand new professions will develop and extend the health team. Those responsible for the educational programs for the added health professions of today — social workers, dietitians, physiotherapists, occupational therapists and now nursing assistants — should recognize the importance of encouraging the team spirit among the various health workers.

There is no room to record all of the interesting and able discussion which followed these presentations. Some of the points that were raised would make good topics for debate at chapter meetings.

What are the alternatives to the personal interview when distance, time and expense have to be considered?

Is the cause of the wastage of students during the first 12 months mainly faulty selection?

Is elimination of students at a more advanced level of training unfair to both the student and the school of nursing?

Is the instructor or even the director the right person for counselling or should some lay person who is especially trained undertake this work?

Two sessions ran simultaneously in the afternoon. Though the papers on the post-basic preparation of nurses were interesting, your reporter chose to attend the session where basic preparation was considered. Miss Aagot Lindström, director of the school of nursing of Ulleval Hospital, Olso, spoke on "New Needs in Basic Nursing Education."

Noting that the fundamental meaning of nursing is service to mankind, she emphasized that change is a conspicuous trend in modern nursing. Everywhere we hear about the explosive development of medicine. Have we fully realized how much this rapid development is reflected in the requirements of our service? Increased understanding of the close relationship between the physical and mental comfort of the acutely ill patient and the steadily expanding methods of treatment and chances for rehabilitation have added innumerable tasks to the original content of nursing. Yet, in too many schools students have been more prepared for *being put to work* than for creative thinking, self-activity and independence.

The tendency of the nursing profession has been to add constantly increasing duties without being willing to delegate any of their previous obligations to others. Partly, the reason is to be found in our unpreparedness to make objective investigations of our service. We need to develop an enquiring attitude among ourselves.

Education is a dynamic process always aiming to meet changing needs. Whatever the content it should be so arranged that each unit simultaneously provides a sound basis for learning and at the same time challenges the student to proceed to the next unit.

"The major need in basic nursing education today is not only to prepare students for good, intelligent, and skillful nursing, but also to promote the development of warmhearted personalities who courageously and wisely can meet future responsibilities of nursing, whatever they may be."

Speaking on the application of theory to practice with special reference to public health and prevention, Miss Flora Cameron, director of the nursing division of the New Zealand Department of Health looked at the beginning of nurse training and pointed out the many learning opportunities we miss.

Immediately she enters the school, we impose upon the student a complete physical examination and an x-ray of her chest. We give her injections against a variety of diseases, now including poliomyelitis. *The student is given little or no real understanding of*

all of this. We tend to impose all these preventive measures on her in an autocratic way and thus lose a valuable opportunity of teaching her from the very beginning the true application of public health and prevention.

Public health begins with life. Theory and practice should emphazise the normal. How much better the approach to nursing would be if the student's first contact was with the well, happy, normal mother and her newborn baby!

It must always be remembered that the entire aim of the basic curriculum in nursing is to have the student learn the principles and practice of good patient care and the significance of public health and prevention. Such a curriculum is not intended to produce a nurse ready to specialize in any particular branch of nursing. Preparation for the specialties must surely be the aim of further study at postgraduate level.

Miss Phyllis Loe, matron of St. James Hospital for Mental and Nervous Diseases, Portsmouth, England was the last of this panel of speakers.

She believes that it is easier for a nurse to start with psychiatric training, then go on to general qualification than to do it the other way around. She stated that, of all nursing skills, care of psychotic and of psychoneurotic patients would seem to be the most difficult one to acquire. It is imperative that nurses should be trained to work in mental hospitals which currently are so poorly staffed with well trained nurses.

Discussion was fast and interesting as nurses presented many different points of view. Some of the comments were:

We are training the nurses of tomorrow. If the student must learn more in the same length of time she needs less repetitive and more selected educational experiences.

The student's preparation must be fitted into the nursing service needs of the patient.

Why does the newly educated nurse turn away from the bedside care of the patient, leaving this precious opportunity for service to an auxiliary group?

What about the maturity of the young graduate? We ask too much of her and pay too little!

Early ambulation and early patient discharge means we should take a new look at the preparation given students.

Broader basic training will mean better prepared nurses. In the meantime, nurses with specialized training, particularly in psychiatric nursing, are necessary until such time as nurses with augmented general training can assume the work.

In the group considering post-basic preparation of nurses, Miss Jane Martin, director, Postgraduate School of the French Red Cross, Paris, gave a paper on the preparation of teachers, followed by Miss H. Smet, whose address was concerned with the preparation of administrators.

Miss Martin noted that there are three factors entering into the education of nurses: the subject matter to be taught; the persons to whom it must be taught; and the profession for which they are being taught. A post-basic course must, therefore: complete the basic training and raise the level of knowledge of subject matter of the future instructor; develop methods for personal study and an aptitude for individual research so that intellectual discipline and a sense of criticism may be acquired; include the study of the principles and techniques of modern pedagogy. Students in a postgraduate course have such differing backgrounds of age, knowledge and experience that their program should be constantly revised and adjusted to suit the needs of all.

Training on a postgraduate level for administration, in Miss Smet's opinion, should prepare nurses to fulfil a function that implies not only technical competence but also an awareness of the responsibilities assumed from both the professional and the human angles; a sense of authority; a capacity for analyzing facts, improving methods of work and instilling knowledge in others.

Student Nurses

A reception was held for the students attending the Congress early that evening. As noted above, there were 40 of them, exclusive of the Italian students, 38 girls and two brave young men — who really had an awfully good time! The wide dispersal of the students is interesting: Austria 1, Denmark 2, Greece 3, Lebanon 1, New Zealand 1, Sweden 1, United Kingdom 2, United States 29 including the two males. Prospects are excellent for this

new section of the I.C.N. to become increasingly active.

SATURDAY

Congress Addresses

The forenoon session opened with a most interesting address by Mr. E. F. L. Brech, senior partner of a firm of consulting specialists in business administration from London, England.

Think of "administration" in hospital or public health work as essentially the same thing as "management" in business or industry and it becomes a less fearsome topic. He sketched the advancement in hierarchy of management in a hospital as:

the staff nurses giving service
the head nurse — some service and a little supervision
the supervisor — mostly supervision with little service
the director of nursing — has ceased to be a nurse in terms of service and devotes her time to management.

Thus good administration assists all services and members to make their contribution effectively to a common end — the care of the patient. "No amount of procedure or regulation, however well designed and efficient, is a substitute for the human process of individual management action and the personal contact between manager and managed."

Mr. Brech outlined his list of 19 principles of the nature and purpose of management. Be sure to read his paper in the *International Nursing Review*.

Again the assembly split into two groups. At one, Miss Ruth Freeman, associate professor of public health administration, Johns Hopkins University School of Hygiene and Public Health, presented her paper on "Principles of Administration Applied to Nursing Education." Miss Edith Paull, nursing superintendent of Jehangir Nursing Home, Bombay, India discussed the application of these principles to nursing service in the other hall.

Miss Freeman stated that administration takes the materials — the students, the curricula, the laboratories and the hospital experiences — and puts them into the proper relationship with the processes to accomplish the job of educating nurses with despatch and economy. To accomplish this, the four areas of administrative activity were outlined, including planning; organization and coordination of personnel and facilities; facilitating staff productivity; maintaining qualitative and quantitative controls of the operation.

Concerning the application to nursing service, Miss Paull dealt with such phases as terms and conditions of service; recruitment of staff; staff education; interpersonal relationships; lines of authority; supervision and evaluation. "The nursing administrator cannot be an expert on all branches of nursing, but she should be able to recognize the right method to apply to a given problem."

Embassy Party

Promptly at 11:30, three busloads of Canadian nurses left the E.U.R. for the Canadian Embassy. Many others arrived by private car or by taxi. All were welcomed by the Ambassador, Mr. Pierre Dupuy, C.G.M. and his wife. A pleasant hour ensued with countless snapshots and relaxed chatter over a glass of wine and hors d'oeuvres. Then it was time to return to the Congress building for the closing session.

The Grand Council

All of the new member countries took their places in the section reserved for Grand Council delegates as the closing session began. It was another stirring moment for them.

Several items of unfinished business were considered, including letters from both the Chinese mainland and from Formosa applying for reinstatement in the I.C.N. No definite action was taken in this regard.

Representatives from the countries having associate membership were given an opportunity to speak. The common theme was their hope that before the next Congress in 1961 they would have met all of the requirements for active membership.

The invitation from the Royal Australian Nursing Federation for the 1961 Congress to convene in Melbourne, Australia, was accepted with enthu-

On the way home. MRS. L. PARK, *Toronto;* MISS H. FASKER, *Elora, Ont.;* MISS G. PURCELL, *Montreal.*

siasm. The New Zealand Registered Nurses' Association will cooperate as co-hostesses for this great event. Better start saving now for your air passage fare (approximately $1800 return) and your living expenses. It will be a unique opportunity for Canadian nurses to visit "far-away places with strange sounding names."

Following Miss Bihet's inspiring message, wherein she gave us the new Watchword: "Wisdom," a gracious courtesy was extended to the German-speaking delegates who had patiently followed the week's discussions in a language other than their own. Miss Bihet's address was read in German.

In accepting the responsibilities of the presidency of the I.C.N., following her installation, including the new chain of office, by Miss Bihet, Miss Agnes Ohlson gave a brief address. She said, in part,

> May we grow in faith, in work, in understanding, that we may achieve wisdom — so necessary to us as professional women and citizens.

There was a mingling of happiness over the success of the whole Congress, relief on the part of those who had carried such a heavy burden of responsibility for its success, and sadness as friends, new and old, prepared to take the C.I.T. buses to Rome for the last time. For many, there were happy prospects of sightseeing vacations and tours to Europe and the Middle East. For your editor there was the prospect of preparing this lengthy report, so that the thousands of Canadian nurses who were unable to attend the Congress, may share at least a fragment of the interest and stimulation. Happily, this report, too, is finished!

Journées Romaines

ANDRÉE BÉAUDRY

LUNDI MATIN, trois mille infirmières venues de tous les coins de la terre, se sont données rendez-vous à Rome, la ville incomparable, dont on ne peut parler sans ressentir la joie intérieure. Bien loin du Canada, mais pas si loin puisque nous nous retrouvons 225 Canadiennes et parmi elles des compatriotes de la R.C.A.F. stationnées à Metz, et de la Croix-Rouge stationnées en Autriche. Nous sommes réunies dans un magnifique building de l'Exposition universelle de Rome.

"Good morning, good morning," se prononcent dans toutes les langues; l'animation est débordante, les drapeaux de 57 nations sont arborés. On tâche d'identifier chaque nationalité par la complexion, le costume, l'attitude, l'accent. L'anglais devient indispensable pour lier d'amitié avec le Nord, le Sud, l'Est et l'Ouest et surtout ce matin, avec nos hôtes très joyeuses et accueillantes, les infirmières italiennes.

Cette rencontre internationale est une révélation. Pendant ces quelques jours, du 27 mai au 2 juin, nous serons mises au courant des problèmes des différentes nations représentées, problèmes qui reflètent toujours la situation nationale. Alors nous serons plus à même de comprendre la rude évolution du nursing, d'aimer nos soeurs souvent moins fortunées.

Je pense par exemple à Israël. Le gouvernement même a défrayé une partie du coût du voyage à cinq d'entre elles. Elles ont d'abord comme problème principal, celui du recrutement. Elles reçoivent dans leurs écoles des candidates égyptiennes, arabes, grecques, américaines, orientales et même russes, etc.

Chacune d'entre elles a eu une éducation différente. Bon nombre d'entres elles ont peu de connaissances de l'Hébreu. Il faut donc prévoir, pour ces jeunes filles, une période de mise au point, d'études théoriques, d'études de la langue, avant de leur confier l'étude du nursing et le soin d'un malade. Israël en est arrivé à un superbe résultat puisque depuis 1918, elle compte 12 écoles de 40 à 100 élèves, et une école expérimentale qui inclut un programme d'hygiène familiale et publique; également un nouveau cours post-gradué d'Hygiène Publique. Puis comme elles sont coupées du Centre Médical de Jérusalem, l'Etat d'Israël a entrepris la construction de son propre centre médical qui favorisera les techniques les plus modernes. On comprend leur fierté et leur ambition.

Je pense à nos soeurs de Yougoslavie. Le gouvernement yougoslave aussi a envoyé des déléguées. La Yougoslavie, pays divisé, surpeuplé, pauvre et en général sous-développé, est fière de dire que toutes les candidates au nursing doivent avoir un standard d'éducation élevé. Le travail actuel est énorme, mais aussi, il y a actuellement en Yougoslavie 25 écoles du nursing, des post-gradués en hygiène, et plusieurs autres post-gradués. Enfin, le gouvernement de ce pays envoie chaque année en Grande-Bretagne, des infirmières pour perfectionnement et apport de nouvelles idées.

Tous les pays ont leur histoire du nursing: les jeunes nations et les vieilles.

La France, par exemple, compte peu de membres dans son association nationale, non pas qu'il n'y ait pas d'infirmières en France, mais il y a tant d'écoles différentes, non standardisées, qu'elles ne sont pas encore reconnues ou approuvées. Quand s'uniront-elles?

Les infirmières Belges connaissent encore le problème des préjugés contre tout ce qui est médecine, hôpital, nursing, mais elles ont beaucoup de solidarité. Nul doute que leur esprit d'équipe et leur très beau niveau de culture accompliront de grandes choses.

Il y a la Suisse, fière de son passé: Anna Seiler a fondé à Berne le premier hôpital au Moyen-Age lequel existe encore; fière aussi de ses techniques modernes et à bon droit. Les infirmières suisses nous invitent à visiter leurs hôpitaux, notamment celui de Zurich, un des plus modernes au monde. Comme elles sont encore peu nombreuses, elles ont encore beaucoup de problèmes à résoudre.

Il y a la Grande-Bretagne, qu'on pourrait à juste titre nommer la mère-patrie du nursing moderne depuis Florence Nightingale, et dont les programmes d'études sont encore très rigides.

J'aimerais vous parler aussi de la douce Italie, qui, toute discrète, a cependant une histoire du nursing dynamique. Cette histoire commence avec les premiers chrétiens qui pratiquent la vertu de charité pour les faibles et avec Fabiola qui au IVe siècle, consacre sa vie et sa fortune et fonde le premier hôpital. A cette époque, des dames romaines et des jeunes filles de bonne éducation collaborent à l'oeuvre de Fabiola et luttent constamment contre les préjugés païens. Au XIIe siècle, le pape Innocent III fonde le célèbre hôpital San Spiritu, qui est aujourd'hui un très grand hôpital de Rome, et qui sera le premier de grands hôpitaux de France, Portugal, Allemagne, Hongrie, etc.

Après des siècles de médiocrité relative, à cause d'une médecine sommaire, d'un personnel mal entraîné — à salaire — le nursing prend une nouvelle tournure lorsque Henri Dunant fonde la Croix-Rouge et que des volontaires se rallient sous le nouveau drapeau. Alors Florence Nightingale, en collaboration avec Henri Dunant, introduit ses nouvelles techniques modernes. Ce qui est intéressant c'est que, en ces trois étapes du nursing, une seule chose semble compter: le principe de la charité chrétienne: "Le nursing est né du Christianisme" et l'histoire le prouve bien. Ce qui fera dire plus tard à Pie XI: "Le nursing jusqu'à date, c'était de la charité chrétienne bien appliquée, maintenant ce sera la charité légalisée," car tous les malades ont droit qu'on leur vienne en aide et les hôpitaux auront leurs statuts.

Or une visite d'un hôpital en Italie s'impose. Vous y trouverez des motifs d'admiration sans borne. Je pense, par exemple, à cet hôpital San Giovanni, sur la place St-Jean de Latran, tout près de la basilique. De l'extérieur, il est d'un aspect très ancien, d'abandon même. Les fenêtres sont condamnées recouvertes de grilles noircies qui ne s'ouvrent plus. Or, entrons par un portique latéral, nous sommes dans un petit jardin ravissant — fontaine, oiseaux. Entrons maintenant dans un des immenses couloirs. Nous trouverons à droite et à gauche deux immenses salles, hautes et spacieuses, avec un puits de lumière provenant de la voûte. Il y a des fleurs, des sourires des plus accueillants chez toutes les infirmières qui ont pourtant une tâche très lourde. Elles ont souvent l'entière responsabilité de 20-25 malades, et sans aide. Les salles renferment 30 à 40 lits, quelquefois 60 à 100 lits. Il faut remarquer surtout la propreté méticuleuse,

les tables, les montants de lits, les parquets de marbre reluisants, l'air pur qu'on respire, le sourire et la fierté des infirmières.

Les infirmières italiennes ont prévu pour nous plusieurs visites d'hôpitaux et elles répondent fièrement à toutes nos questions. Elles sont très renseignées. Une des visites les plus intéressantes fut celle d'un "Centre de Maternité et d'Enfance." Le plan n'est pas nouveau: il est né en 1919, d'un besoin pressant. Après la première grande guerre, il y avait des centaines de jeunes mères, nécessiteuses, veuves, forcées de travailler et on ouvrit des centres pour accueillir les enfants durant le jour. Les centres sont généralisés et il y en a dans tout le pays aujourd'hui: un ou deux dans les "citadinas," parfois 30 à 40 dans les grandes villes. Ce sont des infirmières hygiénistes qui dirigent ces centres. Les enfants, admis à partir du nourrisson jusqu'au bambin d'âge scolaire, sont groupés par âge et ont tous leurs activités appropriées. Ils revêtent en arrivant le petit uniforme de l'Institut, sont surveillés par des jeunes filles ayant subi deux ans d'entraînement, sont examinés chaque semaine par le médecin attaché, sont nourris. Ils ont leurs heures de repos, de jeux, de travail même: véritable maternelle. La maman, si elle est enceinte, aura droit à un repas au centre du jour, à partir du sixième mois de grossesse jusqu'à huit mois après l'accouchement. Service d'Etat, naturellement, mais avec l'équipement le plus moderne, un personnel spécialisé. On s'émerveille de voir ces petits, pourtant privés de leur maman durant la journée, s'ébattre avec joie, en santé parfaite. Voilà un service qui est né d'un besoin pressant en Italie et qui a trouvé heureusement plein épanouissement. Il reste quand même souhaitable qu'un jour la maman ne soit plus obligée de laisser son foyer; mais voilà qui était une visite très intéressante.

Dans beaucoup de pays il y a encore les problèmes suscités par un standard d'éducation non suffisant, par la situation de la sage-femme non admise comme infirmière, etc. Problème toujours étroitement lié à l'histoire de la nation.

Les trois premiers jours se sont passés à se rencontrer et se connaître mutuellement. Cette première partie du congrès fut surtout théorique avec bilan d'activités depuis le dernier congrès en 1953. Pour terminer cette première partie, Miss Kruse, présidente du mouvement, nous parle du Plan d'échange des Privilèges à la disposition de toutes les infirmières qui veulent exercer leur profession à l'étranger, leur permettant d'obtenir des situations satisfaisantes, de trouver facilités de logements et d'avoir un plan de sécurité en cas d'urgence ou de maladie. La condition essentielle, c'est d'être diplômée, en bonne conformité avec l'association nationale et avoir un an d'expérience dans son propre pays.

Dans une très belle cérémonie, mercredi après-midi, le 29 mai, on admettait officiellement au sein du I.C.N. dix nations — Barbades, Colombie, Ethiopie, Iran, Israël, Libérie, Malaya, Panama, Uruguay, Yougoslavie — qui par leur travail, ont obtenu d'être reconnues.

Jeudi matin, jour de l'Ascension, les infirmières, formant le plus large groupement humanitaire organisé, rencontrent Sa Sainteté Pie XII en la Basilique St-Pierre. Moment émouvant lorsque le pape prononce un message de paix à notre intention. On se souviendra de sa voix grave et douce à la fois, de son geste symbolique qui semble vouloir appeler et attirer la foule vers lui: "Venez à moi, mes petits . . ." traduit son geste.

Un moment de réflexion dans la basilique et l'échelle des valeurs est rétablie. Ce qui compte vraiment, n'est-ce pas d'aimer, connaître et servir Dieu et pour nous infirmières, de l'aimer, le connaître et le servir à travers notre prochain le malade.

Justement dans cette deuxième partie du congrès le I.C.N. se propose de parler de nos attributions sous le titre général de responsabilité.

La science de l'hygiène prend une importance de plus en plus grande car on ne peut maintenant se contenter de soigner le malade à l'hôpital. L'infirmière doit être capable d'observer, de faire la synthèse des phénomènes maladies — de guider, d'enseigner, dans le sens préventif aussi bien que curatif, tant à la maison, à l'école, dans l'industrie où elle est isolée, qu'à l'hôpital où elle est responsable de malades, de salles, de groupes. Elle doit posséder l'art de l'observation et la science de l'enseignement. On voudrait maintenant pouvoir faire l'amalgame de l'infirmière hospitalière et de l'infirmière hygiéniste et ainsi faire reconnaître l'infirmière non seulement auprès du malade, mais dans la société. C'est la formule XXe siècle. Le cours d'infirmière comprendra-t-il plus de cours d'hygiène? Allongera-t-on le cours d'une autre année? Les étudiantes, à juste titre, frémiront en lisant cela — mais cela se fait déjà au Liban, en Israël, en Yougoslavie. L'O.M.S., par exemple, exige au moins une année d'hygiène en plus de beaucoup d'autres qualifications

pour entrer dans ses cadres.

Cette deuxième partie du congrès nous a aussi fait connaître des personnalités dans le domaine du nursing: entre autres, Miss Carpenter, professeur à l'école d'infirmières de l'Université de Toronto et vice-présidente de l'Association des Infirmières Canadiennes. Miss Carpenter a abordé le sujet du "teamwork," mais aussi elle a insisté sur l'importance de donner des responsabilités à l'infirmière.

Je termine en parlant de l'Ecole des Cadres fondée par Mlle Jeanne Martin en collaboration avec la Croix-Rouge Française dont elle est la directrice. Mlle Martin nous explique elle-même que l'école a été fondée dans le but de former une élite pour l'enseignement et l'administration. La science du nursing est une science relativement jeune et pour attirer les jeunes filles qui ont terminé leurs études secondaires, dans cette carrière, il faut leur donner des professeurs dynamiques, au niveau des enseignements secondaires et universitaires. Cette école s'adresse d'abord aux infirmières qui ont déjà trois ou quatre années d'expérience dans les services; elle se propose de favoriser l'épanouissement de toute la personnalité de l'élève en favorisant les recherches, les discussions de groupes, etc. . . . Elle comporte un programme de physiologie, psychologie, un programme d'étude des nouvelles découvertes médicales, surtout celles qui auront des répercussions sur le nursing, d'étude de l'histoire et du développement du nursing, un programme de pédagogie, d'administration; mais pour l'élève destinée à l'enseignement — à la direction d'un groupe, voir même à la direction d'un hôpital, cette formation ne s'acquiert qu'au prix du travail personnel. Lequel est le principe de l'école. Et alors, quand l'élève a passé une année dans ces cadres, en collaboration étroite avec ses professeurs, "on lui fait confiance pour le reste" comme le dit si gentiment Mlle Martin. Et elle de souhaiter que pareilles écoles existent dans les grands centres du nursing. Ainsi sur un ton qui semble vouloir dire: "Toujours plus haut" on a abordé pendant ce congrès des sujets passionnants et on a terminé avec une vue d'ensemble sur le grand travail commencé par Florence Nightingale et toujours en évolution, le progrès du nursing et le rôle de l'infirmière actuelle.

Il semble bien que dans notre carrière, il y ait des possibilités énormes et de plus en plus de moyens à notre disposition, de poursuivre notre idéal.

Pour nous Canadiennes, le congrès se termine samedi midi lorsque nous sommes toutes invitées à l'ambassade canadienne par Monsieur et Madame Pierre Dupuy, occasion unique de nous saluer avant le retour.

In the Good Old Days

(*The Canadian Nurse* — August, 1917)

With this issue ends the first year of *The Canadian Nurse* as the official organ of the Canadian National Association of Trained Nurses.

* * *

Education means teaching a child how to live, not how to pass examinations, and I believe that we are now entering upon an epoch in which this fact is being recognized by educational authorities.

* * *

Those in authority are beginning to feel that a young woman who offers herself for a three years' course in hospital work has rights akin to those of a college student.

* * *

A motion for incorporation of the Canadian National Association of Trained Nurses was rescinded since it seemed to have little advantage and involved considerable expense.

* * *

It was decided to ask each province to appoint a special Canadian Nurse Committee consisting of three members, one to secure subscriptions, one advertisements, and one, articles for publication.

The most dangerous thing in the world is to try to leap a chasm in two jumps.

—Lloyd George.

If birds knew how poor they are they wouldn't sing so sweetly.

—Danish Proverb.

Black Cats, Dark Rooms and Blind Men

(being a short essay on why nurses need a philosophy)

MURIEL UPRICHARD, M.A., PH.D.

> "A philosopher is a blind man looking in a dark room for a black cat that isn't there."

EVERY THINKING MEMBER of the human race is the philosopher: the dark room is the universe: the black cat is the ultimate question, "What is man?" And if the cat isn't there — well, that's the trouble with philosophy — you never can be quite sure.

Practical people tend to dismiss it at that. We don't know. We can't tell. We're busy getting the world's work done. We haven't time for fine-spun riddles. We'll leave them to the philosopher who can't pull his weight in the world since he can't even remember his coat in the rain or his hat in the sun.

But what nurse, alone in the dark of the night, watching a young life ebb out while an old and apparently useless one lingers on, has not asked herself: "What does this mean? Why? What is life?" Or, watching a hopeless struggle with intolerable pain does not ask: "Why should man suffer? What is the meaning of pain?" Or, faced with a choice of action and the responsibility of decision, does not wonder: "What is right? What is wrong?"

To the extent that we ask these questions we are all philosophers — all seekers after wisdom.

Wisdom is not knowledge. Knowledge is facts, and facts are the province of science.* Knowledge can contribute to wisdom but does not necessarily create it. We all know illiterate wise men and educated fools. Wisdom is above and beyond knowledge and deals in values. For example, "science tells us that hydrogen cyanide is a very good poison and that penicillin is a very good germ-killer; but science alone cannot tell the scientist or anyone else whether euthanasia is morally justified or not. By virtue of science alone we do not know whether we ought to use the penicillin or the cyanide." Such ultimate questions of good and evil are in the hands of philosophy.

Or again, in answer to the question: "What is man?" The chemist says he is 89 cents worth of chemicals; the astronomer says he is a lump of impure carbon; the psychologist says he is a complex of feelings and instincts. But does this answer you? No, man is all these things, but he is something more — and it is this elusive something more that philosophy strives to capture.

Philosophy, of course, seeks for knowledge. This search began when man rose to his hind legs and has gone on ever since. It is one of the ways in which man is distinguished from the beasts. Questions about the nature of things probably formed the core of the discussions of men clad in bearskins around the primeval fires even as they lie just under the surface of the night-long sessions of the college dormitory and the nurses' residence. All this talk has given us no sure answers to our most perplexing questions but it has given us a great deal of knowledge, and perhaps the most important piece is the knowledge that many of man's problems can be solved by discussion. For example, primitive man gazes in awe and wonder at the starry heavens and asks how and why and where the stars come and go. He answers himself with myth and legend, poetry and incantation, magic and soothsaying. But out of all this speculation some certain facts finally emerge.

Dr. Uprichard is an assistant professor in the School of Nursing of the University of Toronto.

* The word *science* is used throughout this essay in its original meaning of factual *knowledge*.

As soon as they are demonstrable and provable, they are no longer philosophy but the science of astronomy. Thus from the imaginative speculations of philosophers the sciences have been created.

Each science then goes on to build up a classified and organized body of knowledge. This changes philosophy, but it does not make it easier or more definite. It changes philosophy by broadening the base from which questions may be asked, and makes it less clean-cut by increasing the number of factors that must be considered before any answer may be given. Moreover it increases the number of questions to be asked. There is, for example, immediately the very pertinent question: "What is science?" "What is the relation of each science to each other science and to all other knowledge?" Beyond that there is a yet greater problem, in that, as each science surveys the universe from a different point of view, the sciences tend to contradict one another and turn to philosophy for a statement of the common ground between them. (As, for example, physiology and psychology do today.) As each science develops and matures, coming nearer to the ultimate end of knowledge in that field, it returns to philosophy seeking synthesis with all other knowledge. (As physics does today.) Thus philosophy creates, builds up, and unifies the sciences but finds, for itself, not answers but more questions.

This is not to say that philosophy has made no progress through the ages. It has — but chiefly in being able to ask better quesions and to understand their import more fully. As knowledge grows, so grows man's concept of the universe and of himself and of the nature of God. Each succeeding generation of philosophers, from Plato on, has built upon the thinking of his ancestors. Many schools of philosophy have grown up and some have been discarded, but even those that are shown to be wrong or futile contribute to our thinking in the same way as the elimination of all the wrong turnings helps in finding the way over an unknown path. We have learned that certain ways of thinking and certain avenues of approach are more fruitful than others.

Every philosopher and every school of philosophy reflects the age and the culture in which it developed, and, in turn, influences the practice of that age and that culture. Thus an age that answers the question, "What is man?" with the answer, "The servant of the State," can expose its weak and helpless upon the mountainside, while the age that answers, "The child of God," must, of logical necessity, nurture both weak and strong. Philosophy, however, seeks to get beyond such influence and to see things whole, as God must see them. Therefore, each new generation of philosophers tries to take into account the prejudices of its ancestors and to move along to a broader and more whole view. There is no hope that we will ever reach finality (unless man's faculties develop beyond anything we can as yet conceive). But this is irrelevant — the important point is that our understandings have developed and our questions become more searching and pertinent through the ages.

It has been said that to some extent every thinking person is a philosopher. But there is a great difference between asking oneself questions on the run while attending to one's innumerable duties and making a systematic study of the problems involved. Of course, everyone cannot make philosophy their life's work — nor should they. But everyone asks the questions that philosophers ask, and nurses, because of the nature of their work, particularly need answers. Nurses come into contact with the most fundamental problems of life — its joys and sorrows, its heartbreak and its exaltation, its triumph and its tragedy, its bewilderment and its insight. They see all this either in terms of so many sick and broken bodies, so many routine tasks, so many meals and medications, so many baths and beds, or they see it as the struggle of health with disease, the triumph of healing over pain, of good over evil — depending upon their philosophy. Because so many of their duties are mundane and routine, nurses need a philosophy that illumines the work, gives it point and meaning, sustains them through weariness, discouragement and sorrow, and helps them to sustain others. This is one of the uses of a personal philoso-

phy (be it a religious philosophy or not), that it gives answers to the eternal questions that make the apparently senseless riddle of the universe make sense for us.

We can each of us seek for these answers alone, and, what we finally decide, we must accept alone. But even as you do not set a child to do long division without first teaching him the multiplication table, so you should not ask the young nurse to find her own philosophy without the help of the great thinkers of the past. Why should she search the dead ends, take the wrong turnings, make the same mistakes in thinking that have been made and corrected countless times, when a little study of the great minds of the past will help her to see th meaning of her questions and the nature of the answers? (This is a plea for an introductory course in philosophy, or in philosophy through literature, in schools of nursing!)

But you will say, surely we have not time for this? Surely it is more knowledge or more skill that the nurse needs? No doubt she needs more knowledge and more skill, but these alone are not enough. Knowledge and skill are factual things — of the body — and inoperative without the mainspring of emotion which is of the spirit. How knowledge and skill will be used depends upon the thinking and the feeling of the individual and the group — depends, that is, upon their philosophy. All too many nurses (and other people) drift through life restless, dissatisfied, unsure, because they have never thought clearly through their reasons for being and doing. A personal philosophy gives point and purpose to what may otherwise be a meaningless jumble of activities pursued because one is caught in the web of life and can see no way to extricate oneself.

If philosophy has any direct use, then, it is in its by-products. The first of these is the discovery (by the Greeks) that discussion helps man to clarify his ideas, enunciate his problems, understand the meaning of those problems, and sometimes to find answers. The second is that the answers of philosophy, being imaginative and speculative, suggest lines of thought that have created the sciences and continue to add to their knowledge. The third is that the philosophy held by any person or group is both affected by and affects, for good or ill, the activities of that person or group.

The true value of philosophy, however, does not lie in such by-products but in the nature of the questions it asks. It is the questioning attitude that keeps man aware of the wonders of the universe and therefore humble, seeking and striving for deeper insight and keener understanding. It is the answers — and the more material and sure they are, the more this is true — that create arrogance, prejudice and dogmatism, closing the eyes to all except what is demonstrably true. We see this with great clarity in our own era. Science has answered so many questions about the nature of the universe and of man that we can easily slip into thinking that soon all questions will be answered. Science tends to become our god — our fountainhead of wisdom. In reality science has no wisdom — it has only knowledge. How this knowledge is to be used depends upon man's wisdom — upon the maturity of man's philosophy. Even as this is true for mankind as a whole, it is true for nursing as a profession and for nurses as individuals. Science will give us knowledge but only philosophy can give us wisdom.

In fact, the truth is that the philosopher is not blind, but the only man with both sight and insight. The room is not dark — if we have the courage and patience to enter, it contains the light that illuminates the world. The cat is not black, but the shining truth: and the cat is there — if we have eyes to see it.

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Author's Note:

Nurses who wish to pursue this sub-

ject further in order to acquire a knowledge of philosophy or to cultivate their personal philosophy will find the books listed in the bibliography helpful. It is easier and more fruitful, however, to read some of the writings of the great philosophers rather than to try to gain an over-all view from textbooks. Particularly helpful are:

Plato. Republic. Books VI and VII are most illuminating and interesting. Excellent inexpensive translations are those in the Golden Treasury Series, the Everyman Series, or the Cornford Edition.

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Being More Effective

Many of Ontario's registered nurses will be making tracks for the province's Georgian Bay area in September for what promises to be one of the most unique conferences ever sponsored by the Registered Nurses' Association of Ontario. A summer resort at Honey Harbor will be the location of the 1957 Fall Conference, which has been entitled "Being More Effective." It will be attended by some 200 members.

According to Miss Carol Adams, educational secretary, they are going to explore some vital questions presently being asked by members of the nursing profession.

How do I help patients deal with their problems? How can I help myself and others to grow and to learn? How can I be more successful in my relationships with the people with whom I come in contact daily, such as patients, staff, health workers, and supervisors? How can a leader help others without dominating them?

The program for this conference has been planned to feature the work group method with leaders in the field acting as resource people. There will be general sessions with speakers, panels, demonstrations, and films, utilizing large group meeting techniques. There will be small work groups which will concentrate on the specific interest areas of the members. The conference promises to attract the attention and attendance of RNAO members whether they are in public health, institutional, occupational health, or private fields of nursing.

Not the least interesting feature of this conference is its location at Honey Harbor on Georgian Bay in the Delawana Inn. Miles away from the distraction of city life, a northern resort such as this is the ideal setting for what promises to be an unforgettable meeting.

Registration for the week, September 30 — October 4, has been set at $15.00. Special hotel rates of $10.00 per day per person have been arranged. This includes both room and board. The planning committee is also arranging special recreation-time events to make this a combined work-and-holiday event.

The current influenza epidemic in the Far East has been caused by a new strain of influenza virus that apparently is not controlled by present types of vaccine. The symptoms have been relatively mild with a 3-4 day period of fever and other typical flu symptoms. Samples of the new virus have been provided to drug manufacturers for possible production of a vaccine. Antigen testing agents for diagnosing infection caused by the new strain of virus are also available.

—U.S. Dept. of Health, Education and Welfare.

* * *

First aid, promptly and correctly applied, may save the life of an accident victim. First aid training is available in any civil defence organization, free of charge.

—Dept. of National Health and Welfare.

National Camp, 1956

Royal Canadian Army Medical Corps (Militia)

MARGARET A. MACLEAN

THIS WAS THE second time a Camp was conducted on an all-Canada basis. Unfortunately I was not able to attend the first Camp which was held in 1953. Reports, however, which I had gleaned from those who had been able to do so, helped me to make up my mind that I would use every endeavor to take part in the training offered in last year's camp.

At the outset let me make it clear that it was not exactly a picnic! There was work, work, and still more work to be done. There were brief periods of recreation, of course, but these were purely incidental. All the same I feel sure I would be voicing the sentiments of all those who participated in the Camp if I said that we came away a little weary, physically speaking, but far better equipped to carry out any role that may be assigned to us in the event of war or any national, or local, disaster. Moreover, I do feel that we have been enabled to pass on to others the lessons that we ourselves have learned the hard way.

Let me hasten to assure my readers, and particularly those among them who may be contemplating benefitting by the training afforded in the next camp held on this scale, that it is not my intention to scare people away, but rather to induce them to take advantage of such an opportunity. For my part, I shall most certainly attend such a Camp, if it is humanly possible to do so. The next Camp may not be held until 1959. It behooves all of us, therefore, who are engaged in the nursing profession, to do something in the meantime by way of preparation. It must necessarily fall to the lot of those of us who attended Camp to *teach* the important lessons assimilated by us at first hand, and the plain duty devolves upon the rest of us to *learn* all we can before the next Camp is held. It is obvious that much can happen in three year's time and an emergency occurs, as the word suggests, with little or no notice.

I would now like to take up my story beginning with our departure from Vancouver along with the other members of #24 Medical Coy. at Vancouver, B. C. We left our beautiful city at 6.00 p.m. on July 6, 1956 via T.C.A., bound for Blackdown Camp situated outside Camp Borden, Ontario. There were ten Nursing Sisters, one Medical Officer and six other ranks in our party. We were going to join the "Medics" from the other 25 Medical Companies across Canada. Each company would have representation from all their ranks, and all their trades. The training period was two weeks of diversified training; that is, many would be qualifying for more senior ranks, e.g. Corporal to Sergeant, Captain to Major. Others were taking trades training at junior and senior levels. Still others were going to fill positions in the Quartermaster's Stores, Orderly Room, and other ancillary spheres, all of which call for a high degree of competence on the part of the personnel concerned, when the aim is the establishment of a Camp conducted as a thoroughly efficient unit.

We flew over the breathtaking spectacle of the Rocky Mountains and the splendor in green as we reached the foothills to settle down in Cal-

Miss MacLean is a member of the staff of the Vancouver General Hospital's School of Nursing, and senior sister at #24 Medical Coy., R.C.A.M.C. (Militia), Vancouver. She is graduate of the Providence Hospital, Moose Jaw, Saskatchewan, and McGill University, Montreal.

gary. Here our friends, five Nursing Sisters from #23 Medical Coy., joined us and we were again on our way. The Prairies now unfolded below us with their never-ending fields of golden grain, broken here and there with jewelled lakes. The lake country, with its thousands of lakes, was really a fascinating sight with the hour on hour of green and blue; but the sunrise impressed me most. It was even more beautiful than a Saskatchewan sunset! Cat-naps were all we were able to manage before alighting on time at Malton Airport at 8.10 A.M. We gathered our luggage and moved outside to the sultry hot air. It was a relief to move about. Soon our bus arrived, the luggage was stowed, and the troops boarded. We now consisted of troops from the Western Command: that is #25, #24, #23 and #22 Medical Companies, representing Victoria, Vancouver, Calgary and Edmonton respectively.

On our arrival at Blackdown Camp our bus was directed to a central area where we disembarked. We were met here by S/Sgt. A. Young, from Western Command's Orderly Room, who gave us a quick briefing re Orderly Room problems concerning tickets and warrants and directed us to our "lines."

The "lines" were the tentage alloted for the use of Nursing Sisters. The lines of tents were set a little aside from the Officers' lines and the ablution facilities.

Lieut. (N/S) Bea Cole, from Calgary, and I chose our cosy bell tent with care; it was situated to receive the morning sun, at a strategic spot from the ablution huts and quite close to our Calgary and Vancouver friends. Our next step was to take stock of our living quarters and assess our needs; then to use our initiative in making our quarters as comfortable as possible. Here we had to exercise our ingenuity by contriving to cater to our creature comforts within reason: it should be understood that the basic idea underlying the whole scheme was not to provide all the amenities which might be expected under conditions of luxurious living, but rather to lay on the barest essentials under what might be regarded as field service conditions, leaving us to our own resourcefulness to eke them out as best we might. Hence such contrivances as a green stick suspended by two strings and attached to a nail high in our tent pole provided a place to hang clothes, while packing crates were pressed into service as dressing tables.

Our visit to the Q.M. Stores provided us with sleeping bags, linen, a pillow, blankets, tin basin and a poncho. Have you ever slept in an Army sleeping bag? It is delightfully snug. They are made of eiderdown and would be adequate for Arctic regions. The nights were very cold, yet those who brought warm night apparel found it quite unnecessary. A poncho? It is a very unglamorous yet versatile product of the rain-proofing art. It can be used for a ground sheet, tent (if you have two of them), a cover for your bed, or even a raincoat! Actually, of course, this is its primary purpose. When applied to such use, however, the result is more than likely to conjure up visions of the proverbial witch minus her broom!

Our first Indoctrination was scheduled later in the afternoon under the direction of our officers, Major Elizabeth Pense and Captain Van Scoyoc. We assembled informally under the trees, beside our lines. We were soon to learn that the majority of our indoctrination classes were held in this fashion, weather permitting. We were informed of dress and camp regulations that are peculiar to Army Camp. Captain Van Scoyoc briefly outlined the criteria of the Nursing Sisters' Indoctrination Course and the Medical Assistants' Course. Those of us who were qualified to help were enlisted for duties in both courses. The Senior Sisters from the Commands were introduced to the Group and their role outlined. We gained important information and clarification during this brief period, but most important we were provided with the opportunity of meeting one another.

The course got into full swing Monday and it soon became obvious that it was to be jam-packed with activity. The aim of the course, "N/S Indoctrination Course" was to teach the Sisters the role of the Medical Corps in the Canadian Army, and how it functions in action. Emphasis was placed on how the Corps could be

relocated if we became involved in nuclear warfare, as nuclear weapons not only present greater hazards for the fighting forces and civilians, but impose new and greater responsibilities on the Medical Corps. It was emphasized that deployment of medical units in the field, to provide the maximum of efficiency, was of vital importance in the event of nuclear warfare.

By way of variety, a Fire Power Demonstration was provided. The new weapons were demonstrated by kilted infantrymen of the Black Watch. It is conceivable that the "kilties" excited as much interest as their weapons! Be this as it may, the demonstration was very impressive and gave us a realistic idea of the devastating effects of these new weapons and of the appalling problems their use could create in our branch of the Army.

Our program included a tour through the famous R.C.A.M.C. School. This school is the nucleus of the Medical Corps Training in Canada. The school was formed as a training centre, first at Ottawa, situated at Lansdowne Park. It was later moved to Camp Borden where it was known as "A-22 Training Centre." During the war the Corps personnel received basic and advanced corps training. It was here, when in 1946 the Canadian Army reorganized from Active Service to Active Force status, that the R.C.A.M.C. School emerged. The School has shown tremendous development since that time as it has had to meet the need of the Canadian Army in Korea and Europe. Today they are capable of handling 400 ranks under training at one time. This is approximately four times greater than the number they could cope with in 1946.

We were impressed with the organization and efficiency that were evident at the School during our tour, and especially of the tour itself. We were amazed at the facilities of the classrooms, the abundance of visual aids, the complete laboratory and, most of all, the museum. Four hours could be spent, with ease, in the museum. Other teaching tools of inestimable value were the sand tables and walk-on maps with mock-up models. How great a help, I thought, they would be in training personnel in our own units. We took away with us many ideas of how some of these aids could be used in our civilian jobs.

A most welcome diversion was our tea break. Tea is always a relaxing repast, but here we were able to enjoy in addition the idyllic ease of the beautiful garden of the officers' mess and, what is more, the company and conversation of the Nursing Staff and the Camp Commandant.

We completed the tour with a visit to the newest barrack hall, Banting Wing, and cafeteria. I was most impressed with this new Army way-of-life. It would compare favorably with any good hotel. The large rooms accommodated four men; each unit was complete with wardrobe cupboard, rifle cupboard, desk, chair, light and rug. The entire building was air-conditioned, the lounges were beautiful, with emphasis on comfort in color. The cafeteria provided the most excellent of food. This was far different from our old (wartime) recollection of "barracks."

The most stimulating and rewarding moments were those spent with fellow Sisters from across our wide land. These opportunities came at coffee break, lunch and dinner, and evenings in the mess, or sitting on the grass in front of a tent. The conversation got rather muddled at times and was generally of a desultory character. It covered old friends and places, discussions and arguments over problems, solutions, our cities and provinces, our ancestors and, of course, our instructors. It was a wonderful opportunity to pick the brains from across the nation, to locate old friends and generally catch up on the gossip of the last ten years.

As I have hinted earlier, we had little time for play. The hours of work were long but, when the opportunity arose we had the feeling that they had not dulled our appreciation for play, especially to swim. The rain did dampen our spirits during the first week, as it confined our activities largely to the mess. The mess was a Mecca in which fellow officers of varied racial origins assembled in an atmosphere of most delightful camaraderie; especially when voices were raised in song. It also provided a little battle experience of a sort, as one fought one's way as-

siduously, if amiably, through throngs intent on reaching simultaneously for coffee and sandwiches. Wasaga Beach, on sunny days, especially delighted me with the miles of white sand and warm lake water.

With the merging of the first week into the second one surprising thing became obvious, the Sisters had *stamina*. I would never have been capable of the pace under normal circumstances. We ate tremendous meals, slept soundly in the cold night air — for short hours, and felt wonderful!

The second week found many of our old friends departing and the ranks swelling from 75 to 107. The new arrivals came mainly from the Eastern Companies. The "lines" were fairly bursting at the seams. There was even danger of our few ironing tents being pressed into use as living quarters; but soon new tents were going up and that danger subsided.

The veterans, who had weathered the trials and tribulations of the first week tried to give guidance to our new members and we hoped things were made a little smoother for them.

The cloudy skies turned azure blue as the regime of Jupiter Pluvius gave way to that of King Sol. We soon turned from glowing pink to dusky hues, although our noses did have a struggle. Despite the intense heat, life was now more pleasant than when our feet were forever sodden.

The training program for this week was geared for field experience with the object of completing the teachings of the first week. The highlights were field tours. Our large company was not conductive to active participation, consequently we played the role of interested, although passive, observers. Included were a repeat performance of the Fire Power Demonstration and the tour of the R.C.A.M.C. School (for those who had not seen them). We observed a mock battle where casualties were evacuated across a stream while under fire; also an inspection of a Medical Field Unit set up for receiving and evacuating the battle casualties of nuclear warfare. This latter experience was made realistic by a deadly accurate air attack. We were snatched very quickly from the role of make-believe when a bomber sent us scurrying for the nearest cover to avoid becoming a "flour-bag" casualty.

First aid is vital for all civilians and service personnel. Therefore a very condensed course was introduced under the supervision of Major Roy Coleman. The first aid condensed course, supplemented by lectures by WO_2 Stewart on "Methods of Instruction," was designed to teach us "how to teach." This was also demonstrated throughout the first week of the indoctrination course by the Cadre's WO_2 Stewart, S/Sgt. Craig, WO_1 Peters and S/Sgt. R. McElree. I, and I am sure every person who was instructed by these army instructors, took home new ideas of how we could achieve greater excellence in instruction.

During this second week the weather permitted the introduction of a sports program which adequately filled the small amount of spare time we had of an evening. Needless to say, especially in the case of some of the old vets like myself, we were beginning to fray around the edges. In our case the sports would probably have been more appropriate if they had partaken of the nature of arm-chair activities. We did succeed in providing excellent entertainment for the spectators. I am sure they had never laughed so uproariously while witnessing the gentle game of softball. I chuckle heartily as I look back and visualize our Western Command team. I had played my last game in England, in 1946, with #22 Canadian General. Need I say more? As I limped off the field I found small consolation in watching members of both teams becoming increasingly less agile. Would we do it again? I am not quite sure; but I believe, with a little persuation every single one of us would, yes even our Matron, Captain Ev (nee Broun) Furnadjieff.

A small group of Sisters attended a Senior Officers' course. They were chosen to represent the Areas of Command (of which there are five) across the nation. They could, on their return, pass on ideas and information gained to their respective Medical Companies.

The first week's sessions were of the "workshop" variety. Small groups discussed mutual militia problems such as recruitment, accommodation, train-

ing programs and equipment, public relations, means of creating and maintaining interest, etc. Under Major Roy Coleman reports were presented, ideas consolidated and recommendations for improvement of the R.C.A.M.C. (M) drawn up.

Excellent lectures were given on nuclear warfare and radiation dosimeters were demonstrated. The Senior Group joined the major group to see the Fire Power Demonstration and the Tour of the R.C.A.M.C. School. The DeHaviland Aircraft Factory was another field tour in which the Senior Group participated.

The second week was more intensive and stimulating. The keynote was that nuclear weapons present a greater hazard to all. It was pointed out that the deployment of Medical Units in the field must be more self-sufficient. As is usual, no actual solutions of problems presented were offered, but suggestions were preferred and thoroughly discussed. Thought provoking questions were left with the participants to ruminate over and inwardly digest at leisure.

Tours through the Institute of Aviation Medicine and Defense Medical Research Laboratories were highlights of the course. Experimental devices and techniques resulting in improved clothing, equipment and rations, for greater safety and comfort of military personnel, aroused enthusiastic acclaim.

The Senior Officer Group joined the major group again as they observed how medical field units were located and operated for the reception of battle casualties, particularly from atomic injuries. Both groups were conducted back through the line of evacuation. Possibly one of the most fascinating aspects was the casualties with simulated wounds — so life-like. One soldier was taken to task for a self-inflicted wound — sun burn!

Added interest for the group sprang from the visit of high-ranking Army Officers from the U.S.A. — General Leuth, Col. Kidder, and Col. Kuitert. They played an active part in their panel discussion on U.S. Militia. The panel was most informative, as well as interesting.

Camps at the national level are designed not only to improve the general efficiency of the Militia but to secure greater coordination and interest through the exchange of ideas. The Senior Sisters were keenly appreciative of the time, effort and initiative necessary to plan a course which held their interest for the entire training period. From the comments I know that the other sisters had the same experience from their course. It was an undertaking of the first magnitude to arrange two separate programs to meet the needs of Nursing Sisters from all across the Dominion.

I am sure the rest of the Sisters will join me in "Thanks" for a comprehensive program, broadly conceived, expertly planned and courageously executed. We left Camp Blackdown richer for old friendships renewed, new friendships formed and with rekindled enthusiasm to achieve our aim — the growth and efficiency of the R.C.A.M.C. (Militia).

Children with cerebral palsy are being given a chance for more normal speech by an electric device now in use.

The machine — known as the electro-lung — helps establish a proper pattern of breathing in these afflicted children. Heretofore, some of them have been incapable of continuous speech because they breathe between 60 and 80 times a minute instead of the normal 14 to 16 times.

Two bands with electrodes are attached to the electro-lung. One is strapped around the patient's thoracic cage and the other around the rectus abdominis. The electric charge causes the muscles to contract, pushing the viscera up against the diaphragm and thereby causing the patient to exhale. Both rate and depth of inspiration and exhalation can thus be controlled, giving the child an opportunity to experience and learn proper rhythm. Once the child has been taught the rate of regular breathing, he has something to aim at on his own.

Six weeks of treatment with this "movable respiratory brace" are sufficient to bring about moderately good to excellent results. In that length of time, one child who had been totally inarticulate developed "socially acceptable" speech. The electro-lung was developed in Germany for patients with asthma and emphysema.

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The Role of the Nurse in the Total Health Program

HELEN M. CARPENTER, M.P.H.

"NURSES: Their Education and Their Role in Health Programs" was the subject of the technical discussions at the Ninth World Health Assembly held a year ago when over 200 nurses, doctors and health administrators met to confer concerning this important subject. The report of this conference states:

> There was general agreement that the role of the nurse will vary according to the availability of all types of health personnel, the particular health problems of the area, the stage of development of the health programs of the country, and the level of both general and professional educational achievement within each country. The specific functions which are performed by nurses in some countries may be inappropriate or impossible in other countries at this time. Therefore, it appears necessary for each country to analyze its own situation and to prepare specific statements in accordance with existing conditions . . . However there was general agreement that certain broad basic responsibilities should be included in the role of the nurse in every country; and if they are not included in her current role, they could be included as goals to be obtained in the near future[1].

It is my purpose to consider the role of the nurse in Canada in terms of the four conditioning factors outlined by the World Health Assembly, namely, *the particular health problems of the country, the stage of development of health services, the availability of personnel, and the level of education.* In the light of these factors, consideration will be given to the problems and challenges facing nursing in Canada in the fulfillment of the functions considered by the World Health Assembly to be essential responsibilities of nursing. Perhaps in this discussion, some will recognize conditions similar to their own; others may see a decided contrast. It is my hope that this approach will be of value by illustrating the way in which one group of nurses is working toward the achievement of our common goals.

Miss Carpenter is second vice-president of the Canadian Nurses' Association. She presented this paper at the I.C.N. Congress in Rome.

THE CANADIAN SETTING

In order that you may understand the health problems in Canada and the stage of development of our health services, I would like to briefly review the setting in which we are working. As many are aware, Canada is a big country with a small population. Although in geographic area Canada is the second largest country in the world, the population is only 16 million, which is less than one-third the population of Italy. As much of the land is mountainous, or subject to a rigorous climate, the developed portion is only about one-third of the total, and the majority of the populated area is along the southern boundary, stretching from the Atlantic to the Pacific oceans, a distance of over 5000 miles. Much of the country is sparsely settled, some provinces having a density of population of less than four persons per square mile. There are two metropolitan areas, each with a population of over one million, and ten cities of over 100,000. The combination of a small population, many natural resources, and industrialization, has contributed to a high standard of living. At present the population is growing rapidly, due to a relatively high birth rate, a low death rate, and immigration, and it is likely

that it will almost double in the next 25 years. According to recent statistics, the birth rate is 27.9 per 1000 population; the death rate 8.7; the infant mortality rate 38 per 1000 live births; and the life expectancy at birth slightly over 66 years for males, and 70 years for females[2].

Particular health problems

The particular health problems in Canada, are the result of the low death rate and longevity. The geographical location and climate result in the absence of certain diseases that are major concern in many other parts of the world. Canada's current health problem is morbidity. Diseases "characteristic of an older population cause much illness and disability, requiring a large volume of health services without becoming immediately fatal[2]." This volume of illness is reflected in a need for more facilities and personnel for the care of the sick and disabled. A changing emphasis is noticeable in the care of the chronically ill and handicapped. Dr. McNeel, in discussing this change, noted "the shift of emphasis from the liabilities to the assets and from the disability to the residual potential[3]." In the light of this changing emphasis, we need more suitable resources for the care of the disabled than are currently provided in our hospitals. In addition, we need personnel trained for the rehabilitation of the handicapped, with attitudes and skills that will be of assistance in helping patients, whose lives medical science has saved, toward the development of the potentialities, so that they may achieve maximum independence and usefulness.

Stage of development

The development of health services in Canada is conditioned by the constitution of the country, which delegates to the provinces jurisdiction over health matters. The federal government provides consultative services and assists the provinces to develop and finance health programs through National Health Grants. Each province is responsible for planning, supervising, and financing its own health services under provincial legislation. A wide range of preventive services is provided, including sanitation of the environment, prevention and control of communicable diseases, and educational activities to assist individuals and families to protect their health. In addition, the provinces provide medical care for indigents and hospitalization for such diseases as mental illness, tuberculosis, and cancer.

Canada has not instituted a national health insurance plan, although preparatory work has been under way for many years. Proposals are currently under consideration to enable the federal government to participate in a prepayment plan to cover at least a part of the cost of medical care. Four provinces have tax-supported hospital care plans; in addition health insurance is available through private agencies. That many Canadians desire some form of health insurance is illustrated by statistics which indicate that over one-half the population is insured in some degree against the costs of hospital care, and a much smaller, but also increasing number, are insured against some of the cost of medical and surgical care[4].

One result of this movement toward health insurance is an increased demand for health services. Other factors that contribute to this demand are the high standard of living, advances in medicine and surgery, social and cultural conditions that have resulted in smaller families and smaller homes, and a trend toward employment outside the home of both the male and female adult members of the family.

To meet the demand for care, hospital facilities have been extended. Taking into account both general and special hospitals, we have in Canada an over-all ratio of approximately one hospital bed to one hundred people. This does not seem to be adequate and the cause of this inadequacy is increased utilization. In 1955, 82 per cent of the live births took place in hospitals as compared to 27 per cent 25 years ago. The daily average number of patients in hospitals has increased during this period by about 60 per cent; the admissions per bed have doubled. Saskatchewan, the province that pioneered in hospital insur-

ance, is a good example of the way in which increased services have increased utilization. Despite an increase in hospital beds of over 40 per cent from 1947 to 1952, the annual number of cases per bed remained constant; every available bed tends to be occupied. Accompanying this increase in utilization, is the decrease in the average duration of stay in hospital[4].

It behooves Canadians to look carefully at this use of facilities and personnel for, in a study of factors influencing hospital utilization in Saskatchewan, the following observation was made:

> It is possible that persons in areas of high utilization are receiving better medical care, or it may be that they are receiving unnecessary care and that society is providing hospitals where good housing and better out-patient service would be more effective health promotion[5].

The pendulum may have swung too far. Kathleen Russell observed in a recent study of nursing:

> A century ago the most neglected patient was the one in a public hospital and only the destitute could be persuaded to enter. Usually the invalid at home fared better in every way . . . Now it is the patient in the hospital who is assured of care and safety while there is a great scarcity of nursing for sickness in the home . . . This situation demands attention . . . As health insurance schemes develop, nursing care must be forthcoming, and the number of patients that demand attention at home is bound to increase. Hospitals cannot be extended indefinitely[6].

Availability of Personnel

Turning to the third factor, the availability of personnel, we recognize that, with regard to the number of nurses, we are among the most favored of nations. However, those concerned with the administration of health services are continually seeking additional staff. We often raise the question: are we short of *nurses* or *nursing?* In a recent report to the Royal Commission on the Economic Future of Canada, prepared by the Canadian Nurses' Association, reference was made to this increasing demand for nursing service.

> In 1931 there was one nurse for every 576 persons in the population and unemployment of nurses prevailed. Today, there is one nurse for every 286 persons in the population, and a shortage of nurses exists[7].

As about 34 per cent of registered nurses are not actively engaged in nursing, the ratio of employed nurses to population at present is approximately 1:459.

Approximately 8 per cent of the registered nurses in Canada are employed in public health nursing, government health services, visiting nursing associations, or industries. Although the over-all ratio of public health nurses to the population is 1:3500, the distribution is uneven leaving some provinces and rural areas inadequately served. The focus of the public health nurses' work is on the family. The nurse observes the health needs of parents and children through home visits, child health centres, school health work, and occupational health services. She assists those she serves to maintain health, prevent disease, and care for illness, and to utilize the resources of the community to meet special needs.

The visiting nurses are the only group whose primary responsibility is nursing care in the homes. This service is organized chiefly in urban areas and is available to about one-third of the population of Canada. Public health nurses in rural communities include some nursing care with their educational activities but, due to shortage of staff, pressure of work, and travel difficulties, this aspect of their work is not extensive. To facilitate the discharge of patients from hospitals, a beginning has been made in the development of "home care programs." Where such programs are in operation, public health nurses provide service on a visiting basis, and assist the family to care for the patient between visits. Such programs have potentialities for reducing the waiting lists for hospital admission and for making more effective use of available resources.

The current situation in relation to hospital nursing service is interesting in that the number of registered nurses employed in hospitals is at present 10 times greater than it was

25 years ago. Forty-four per cent of the registered nurses in Canada are employed in institutional nursing. However, only a small percentage of these are working in tuberculosis sanatoria or psychiatric hospitals. The Canadian Nurses' Association reports that

> although there are more patients in our mental hospitals than in our public general hospitals, only 2.3 per cent of the total number of registered nurses in Canada are employed in mental hospitals[7].

Canadian nurses recognize this gap in the service of the registered nurse, and are concerned with the problems faced by psychiatric hospitals in coping with the care of the mentally ill.

Despite the notably larger corps of nurses in institutional nursing, a shortage of nursing care exists. Contributing factors are a reduction in the hours nurses work; a decrease in the amount of service given by student nurses; an increase in the content of nursing; and the greater complexity of hospital services.

Over the past 25 years, the working period for student and graduate nurses has been reduced from twelve to eight hours, that is by one-third. The service contributed to the hospital by student nurses has been reduced an additional amount with the recognition that students were being exploited. In 1930 from questionnaires completed by student nurses, Professor Weir estimated that they were on the wards of the hospitals an average of nine hours a day[8]. Although comparable figures are not available now, the amount of service given is much less[9].

During the period when the length of the working day was being reduced the content of nursing was increasing. Many treatments which were once the sole responsibility of the medical profession were taken over by nurses. Examples of these are intravenous therapy, intramuscular injections, and the taking of blood pressures. In addition, as medical science advanced, patients began to require more nursing care. Early ambulation of critically ill patients, nursing care following delicate surgery and during complicated treatments, helping patients and their families to cooperate with and participate in care and rehabilitation, are but a few illustrations of the increased content in nursing. As a result of modern treatment, seriously ill patients recover more quickly and are discharged earlier. The beds are immediately occupied by new patients. Whereas at one time, extensive surgery was considered inadvisable for the aged, today elderly patients are receiving the benefits of medical science. In association with the advances in medicine, the services given by hospitals have become more complex. Whereas at one time the hospital was a place in which relatively simple care was given to the sick poor, today it is widely used for preventive, diagnostic, and treatment services. The larger hospitals have become centres for research and teaching for many professional groups. A social scientist, studying the problem of improvement of patient care, says:

> Observation of floors and wards (of hospitals) would reveal much movement, often hurried and sometimes confused, by staff of many different categories[10].

The activities of those persons impinge upon the nursing service and make more difficult the administration of the wards as well as the nursing care of the patients.

Level of Education

The fourth and final factor cited by the Ninth World Health Assembly as conditioning the role of the nurse, is the level of both general and professional educational achievement within each country. Nursing in Canada has its roots in the tradition of the French and English cultures. In the 17th century, Jeanne Mance brought to Canada the concept of nursing as a charitable service of the religious orders. In the 18th century, the British established hospitals under civil and military control. A century later nursing was influenced by the contribution of Florence Nightingale. and nursing schools were developed in association with hospitals. Today nursing attracts young women of good family background with a total of 12 to 13 years of preliminary education (that is approximately university entrance.) About one-tenth of the girls who finish high school enter nursing.

The majority of these schools are operated by hospitals. With the pressure on the hospitals for service, research and teaching, the continuation of nursing schools in this setting is causing increasing concern to the nursing profession. The hospitals give the students free room, board and tuition, and in some instances a small monthly allowance; in return they receive a substantial amount of service. This arrangement creates a conflict and weakens the educational experience of the students. A beginning has been made in the development of schools in which the educational needs of the students are separated from the service requirements of the hospital.

As in most other countries, Canada has groups of trained, partially trained, or untrained women who engage in so-called "practical nursing." At one time the services of these women were primarily given in the homes. About 1920, hospitals introduced an auxiliary staff of aids who, with limited preparation, were placed on the wards to work under the direction of the nursing service and assist with simple duties associated with patient care. In the last decade a new auxiliary has been added, the *certified nursing assistant.* This assistant is prepared under the direction of nurse instructors, in schools financed by the government. The courses vary but are usually less than one year in length. Nursing assistants are employed in hospitals more than in the other health services. The trend is toward a team of nurses with varying levels of preparation, and with the registered nurse assuming responsibility for leadership and coordination of the nursing service.

Basic Responsibilities

Let us turn to the Report of the Ninth World Health Assembly and consider the "basic responsibilities which should be included in the role of the nurse in every country." Five of the functions are outlined as essential responsibilities of professional nursing:

1. Giving skilled nursing care to the sick and disabled in accordance with the physical, emotional, and spiritual needs of the patient, whether that care is given in hospitals, homes, schools, or industries.

2. Serving as a health teacher or counsellor to patients and families in their homes, in hospitals, or sanatoria, in schools, or in industries. Because of her extensive and intimate contact with patients and families the nurse usually has the confidence of the family and is in a strategic position to put scientific information into simple language which they will understand, accept, and put into practice.

3. Making accurate observations of physical and emotional situations and conditions which have a significant bearing on the health problem and communicating those observations to other members of the health team, or to other agencies having responsibility for that particular situation. Thus the nurse is a very valuable liaison between the patient and the physician, the research scientist, the sanitarian, the social worker, the school teacher, or the industrial foreman.

4. Selecting, training, and giving guidance to auxiliary personnel who are required to fulfil the nursing service needs of hospital or public health agency. This also involves an evaluation of the nursing needs of a particular patient and assigning personnel in accordance with the needs of that patient at a particular time.

5. Participating, with other members of the team, in analyzing the health needs, determining the services needed, and planning the construction of facilities and the equipment needed to carry out those services effectively[1].

To summarize, the broad basic responsibilities of the nurse are to give skilled nursing care; to serve as a health teacher and counsellor; to make accurate observations and communicate these to others; to select, train and guide auxiliary personnel; and to participate in the planning of health services to meet community needs. We accept these functions as the proper responsibility of nurses and are striving toward their achievement. In order to discharge our responsibilities more effectively, we need sound nursing education, improvement in the administration of health services, greater skill in human relationships, and research.

Education

Nursing has increased in content

and complexity, but, to use the words of Professor Weir, we are still struggling with "nineteenth century nursing education in a twentieth century world." He noted that this twentieth century world exerts "more exacting demands on the intelligence, knowledge, ingenuity, resourcefulness and social adaptability[8]." A beginning has been made in research in nursing education, and it has been shown that nurses can be educated more efficiently and effectively in schools organized and conducted along sound educational lines. However, with a strong tradition of apprenticeship training, and with increasing demands for nursing service, it is difficult to gain support for new types of schools, or for additional research. We recognize that nursing education is not keeping pace with the advances of medical science. In addition to technical skills, the nurse needs scientific knowledge, psychological insight, and emotional maturity.

In a discussion on the goals of education, the Harvard Report points out that "education is not merely the imparting of knowledge but the cultivation of certain aptitudes and attitudes in the minds of the young" . . . The abilities that should be sought above all others are the ability to "think effectively, to communicate thought, to make relevant judgments, and to discriminate among values[11]." These abilities are required by the nurse in the fulfillment of her functions. To foster their development, nursing students need an educational experience comparable in quality to students in other fields.

The chief problem facing the nursing profession in Canada is to secure the opportunity for students to learn to nurse, with freedom from responsibility while they are students, for meeting the hospitals' needs for nursing service. Twentieth century nursing demands preparation in keeping with the role the nurse is expected to play in society.

Administration

With the expansion of health services and the introduction of auxiliaries, nursing care has been fragmented to permit several kinds of personnel to participate in the service. Whereas the purpose of this division of responsibility is to permit the nurse to give a higher quality of nursing care, this fragmentation of work has introduced administrative problems which are not fully understood. In some instances the introduction of the auxiliary has had the effect of limiting the opportunity for the nurse to have the extensive and intimate contact with her patients so essential to supportive care. Nurses need time to listen quietly to and talk with patients, as well as to confer with nursing assistants and professional co-workers. In a recent study of the work of head nurses in a Canadian hospital, the number and diversity of activities of extremely short duration was brought to light[12]. It was recommended that this study be extended to other levels of nursing personnel, to ascertain if all nurses are working under comparable pressure. The increasing complexity of nursing and changing concepts of patient care have culminated in administrative problems to which we must find solutions in order to maintain a high quality of nursing service.

Relationships

Nursing has inherited the hierarchical structure and authoritarian atmosphere founded on military tradition. This atmosphere has permeated many of our nursing schools and nursing services, with the result that relationships are often ineffective and communications inadequate. Students exposed to this kind of environment may become authoritarian, or may become timid and lacking in self-confidence. Either result is undesirable and tends to perpetuate the system that underlies the problem. In summarizing the discussions at the Ninth World Health Assembly, Professor Canaperia pointed out that, "the aims, the final goal, and the actual interests of the medical and nursing professions are the same, and the best results are achieved when physicians and nurses work in close and harmonious collaboration in accordance with their respective functions and roles[1]."

This statement is applicable to relationships between nurses, and between nurses and other members of the health team. Industry has undertaken

extensive research in human relations. In the article referred to earlier, Esther Lucile Brown suggests that, "what has been learned from the applications of concepts of human behavior to the field of industrial management alone furnishes guidelines for initiating hospital research and experimentation[10]." Improvement in relationships among the personnel in hospitals and health services will in turn improve patient care, and contribute generally to the status of nursing.

Research

Nurses are participating to a degree in the analyses of health needs and the planning of health facilities. Directors of nursing in hospitals and other community health services are being requested to confer with boards of management when matters concerning the nursing service are discussed, and when new policies and plans are under consideration. Further participation at this level will no doubt come about when nurses have better education for this role. Many nurses feel a need for additional preparation and for freedom from rigid working conditions in order to study their problems and participate in research.

It is interesting to note the contribution of interested citizens and leaders in other professions in the solution of nursing problems. The recent study of nursing education undertaken by Miss Russell was achieved by nurses in one of our provinces with the assistance of interested citizens who worked with a committee to study the problem and recommend action.

On the staff of the university school of nursing with which I am associated, we have recently added an educational psychologist who is also experienced in research. She is helping us to analyze our problems and to continuously develop our educational program. Any steps we can take to extend our knowledge and deepen our understanding, should assist us to make a more effective contribution to the planning of health services to meet community needs.

Conclusion

Canada is a large country with many natural resources. If the nations of the world are able to work together toward a peaceful solution of national problems, Canadians anticipate a period of marked social and economic development in the next half century. The challenge to nursing in Canada is to keep pace with this growth and to continuously develop in order to fulfill the broad basic responsibilities of nursing.

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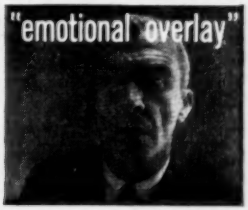

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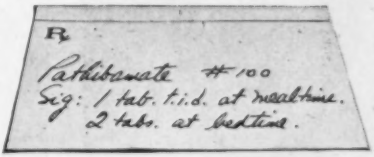

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Orientation and In-service Education

MERLE E. SMITH, B.N.

ONE OF THE MOST important functions of the operating room supervisor is the provision of educational programs for nurses so that they may advance in their profession. All other operating room personnel can benefit equally well from similar programs. Education is required to provide the knowledge needed to give superior service in patient care.

The supervisor may do the teaching herself or have one or more clinical instructors available. All professional staff should feel a responsibility to teach. This should permeate from the administrator of the hospital down through the staff of all departments. Unless administrators *want* learning to take place, it will not.

Staff education and supervision of the staff are by no means identical programs. Supervision is a form of leadership based on continuous, thoughtful and comprehensive planning. It provides for cooperation of all workers. It utilizes all the techniques available to stimulate the personnel in self-improvement and growth. The educational planning begins with the employment of new staff members at every level. It embraces adequate learning opportunities for new employees and old, for everyone from the senior graduate to the most lowly aide. To be satisfactorily carried out, responsibility for the entire program should be vested in one person who will call on others for assistance as required.

(Notman & Son—Man.)

MERLE E. SMITH

THE ORIENTATION PROGRAM

The introduction of new staff members presents an immediate opportunity for the operating room educational supervisor to put her plans into action. There are sound reasons why there should be no delay — even though pressure of work demands may be acute. The purposes of an adequate orientation program include:

1. To capitalize on the value of first impressions.
2. To increase staff morale.
3. To improve the service.
4. To increase the worker's satisfaction in her job.
5. To develop the worker's potentialities.
6. To help keep the worker up-to-date in a changing society.

"The average individual likes to be welcomed to a job rather than thrown into it." So wrote L. A. Appley in Management, the Simple Way. This is very true, for security is a basic need that must be met if optimum performance is to be reached. If the worker is oriented satisfactorily she begins to relax and enjoy her work. A happy worker is more efficient and the high standards that are required for safe operating room

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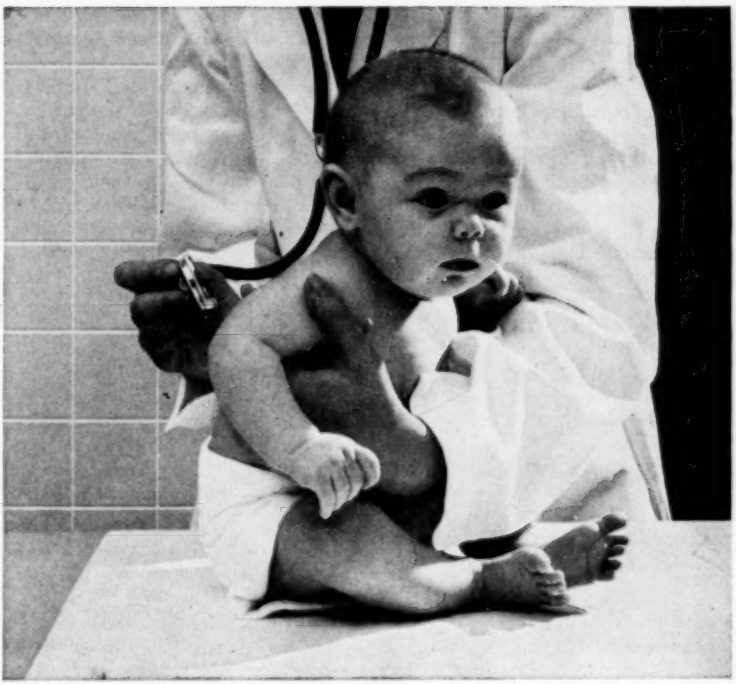
For many years Miss Smith has served as the educational supervisor in the operating theatres of the Royal Victoria Hospital, Montreal.



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—Liverton and Clark, "Meat in the Diet of Young Infants", J.A.M.A., 134, 1215 (1947).

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performance will be met. Efficiency automatically leads to better service.

Orientation begins with the pre-employment interview and/or through prior correspondence with the prospective employee. The presentation of a job description, personnel policies and general information concerning the hospital's plan of organization can be made in the first interview by the personnel department.

A conducted tour of the hospital can be carried out — one that will not confuse the employee but rather give a cross-section of personnel and interdepartmental relationships. This short tour should reduce the feeling of strangeness and give the employee a feeling of belonging to the hospital.

The job description should provide all of the basic information required for many of the decisions essential to proper administration of personnel matters. Interdepartmental relationships should be explained.

The In-service Program

The in-service educational program follows necessarily and naturally after orientation is completed. For newcomers it is a learning experience of such considerable value that periods of instruction should be assigned during regular hours of duty.

There is no magic wand that may be waved to produce learning. An organized, systematic approach to day-by-day problems is the most practical solution. While the educational supervisor provides the stimulus to learn, actual motivation must come from within the learners themselves.

All staff members should have an awareness of their part in the teaching process. Various methods may be employed depending on the material to be presented and the facilities available.

1. *Formal lectures:* These will cover the essential information regarding the organization and routines of operating room work. Included under this heading will be the classes given by the surgeons and house staff in relation to the surgery of various systems of the body. Correlated closely with this will be the explanation by the nursing staff of the equipment and supplies required for that surgery.

2. *Demonstrations:* Such topics as operating table usage, fracture room equipment, sterilization of equipment and supplies, contaminated case technique, emergency lighting and care during power shutdown lend themselves very well to practical demonstration. It is important that in each instance there should be a return demonstration by the learner so that her understanding of the procedure and the principles underlying it may be evaluated.

3. *Picture guides:* This may include actual photographic stills or may be motion pictures or film strips. Since most people are very visual-minded, a lecture accompanied by some pictorial presentation makes a much deeper impression.

4. *Procedure books:* These may be in the form of loose-leaf books or on special cards. Whatever form is used, they should be readily available for reference, in addition to mimeographed material that may be given to the students.

5. *Staff conferences:* These are not held primarily for teaching purposes but are directed toward the improvement of nursing service. Learning occurs through shared opinions. The environment must be such that those participating will express opinions freely knowing that their ideas will be studied objectively.

6. *Study of records:* The nurse's responsibility for certain of the records that are an important part of operating room management necessitates her familiarity with them. These include the work sheet, operation schedule, narcotic records, accident reports. The legal aspect of operating room nursing demands careful attention to other items including consent forms, the accurate count of sponges, care of needles and instruments, etc.

Safety from fire should be a primary interest and responsibility of all those in any way concerned with the operating suite. Continuing in-service education in respect to this aspect should build up a thorough understanding of all the possible hazards. The following is a useful guide to the information that should be given:

Nature of hazards

(a) Combustible anesthetic agents

(b) Combustible disinfecting agents

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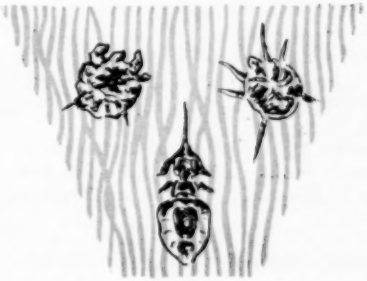

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(c) Electrical systems — shock and spark hazards
(d) Electrostatic spark discharges
(e) Flames and hot materials

Construction and equipment:

(a) Storage locations for combustible anesthetic agents
(b) Importance of ventilation for gases piped to various areas
(c) Ceiling suspended surgical lighting fixtures
(d) Portable equipment such as x-ray, cautery, or high frequency apparatus

Handling of gases:

(a) Identification charts
(b) Storage of containers away from radiators and steam pipes
(c) Special precautions with oxygen cylinders
(d) Clearing dust and dirt away before applying fittings to cylinders
(e) Never permit oil near regulators. Never touch cylinders with oily hands
(f) Leave repair of oxygen equipment to those properly qualified.

This brief outline of an orientation and in-service educational program may serve to "orient" a new instructor in operating room practices. It cannot be emphasized too strongly, however, that every staff member has a duty and a responsibility to contribute to the life and work of the hospital during her period of employment. Moreover, she should be the recipient of benefits in the growth of her knowledge and the development of her skills. Many of the things she will learn are concrete down-to-earth techniques and skills. There are, too, many intangibles which will make her a better nurse.

In Memoriam

Emma F. Baker, who graduated in 1907 from Royal Victoria Hospital, Montreal, died at Midland, Ont., on May 8, 1957 in her 83rd year. After graduation, Miss Baker was a head nurse at R.V.H. for a time, then went to California where she engaged in private nursing. She returned to her native Midland and served as superintendent of St. Andrew's Hospital for 30 years.

* * *

Velma Fern (Bowman) Concannon, a graduate of St. Joseph's Hospital, London, Ont. was killed in a motor accident in June.

* * *

Mildred (Campbell) Henry, a graduate of St. Joseph's Hospital, London, Ont. died in London on May 22, 1957.

* * *

Cecilia Hynes, who graduated from St. Michael's Hospital, Toronto, in 1919, died there in May, 1957 following an illness of six weeks.

* * *

Cécile (Plourde) Lessard, infirmière diplômée de l'Hôpital St-Sacrement de Québec est décédée le 20 février 1957. Elle s'est distinguée au service hospitalier et dans l'enseignement dans les écoles d'infirmières. Elle fut membre actif de la commission des Ecoles Infirmières à l'Université de Montréal.

* * *

Annie (Marks) Malcolmson, who graduated before the turn of the century from Lady Stanley Institute, Ottawa, died in Edmonton on April 20, 1957 at the age of 83. Mrs. Malcolmson was one of the two nurses who helped care for the survivors of the Frank slide which wiped out the mining town in 1903.

* * *

Kathleen Mary (Munro) Moberley, who graduated from St. Boniface Hospital in 1927, died recently in Edmonton.

* * *

Margaret (Hevey) Nash, a graduate of St. Joseph's Hospital, London, Ont., died recently in Detroit. Mrs. Nash had served as a nursing sister during World War I and later was on the staff of Westminster Hospital, London.

* * *

Jane (Glendinning) Prentiss, who graduated from Royal Victoria Hospital, Montreal, in 1914, died recently. Mrs. Prentiss served overseas during World War I as a member of the original McGill unit, No. 3 General Hospital. She was awarded the Royal Red Cross.

* * *

Lola Scott, who graduated in 1900 from Aberdeen Hospital, New Glasgow, N.S., died in Halifax on May 25, 1957 at the age of 78. She had been in failing health for a lengthy period. For the greater part of her career she had worked in Nova Scotia.

* * *

Persis (Crosby) Shetler, who graduated from Royal Victoria Hospital, Mont-

(Continued on page 742)

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RESEARCH

New Technic of Administering Medications

E. Grey Gooby *and* David R. Turnbull

During the last three years the use of *sustained release capsules* has become an increasingly popular way of dispensing several commonly prescribed medications. The sustained release capsule is a preparation which encapsulates hundreds of very small pellets of a drug. Some of the pellets are uncoated so that the first dose of the drug is released immediately; the others are coated with varying thicknesses of a digestible film in order to provide for the gradual, constant release of minute doses of the drug over a period of, usually, from eight to 10 hours.

Various types of drugs (e.g. reserpine, amphetamines, barbiturates, antihistamines) are available in this form and several studies have indicated that the sustained release capsules provide therapeutic and practical advantages not afforded by conventional multidose therapy. To those of us responsible for the administration of Pennsylvania Hospital in Philadelphia, the most interesting practical advantage the new form was said to provide was that of cutting down the time necessary to dispense medications.

It is, of course, obvious that one can save time by substituting a single daily dose of a drug for the three or four previously required. What is not so obvious is that the amount of time saved will be significant, particularly when patients also require additional tablet medications and must be visited several times a day anyway. If a significant amount of time can be saved by using the sustained release capsules, the advantages of using them might be great.

Accordingly, the following study was conducted at the hospital to determine precisely what amount of saving in nurses' time can be achieved by substituting a sustained release capsule for tablet medication. Cooperating with us in doing this time study was the engineering firm of Day and Zimmerman.

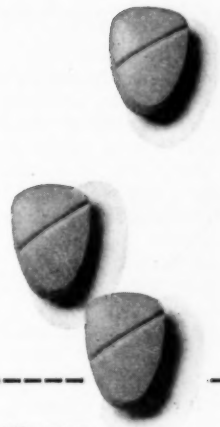
Phenobarbital was chosen for this experiment because it is one of the most commonly used medications. The time study was made, a decimal minute watch being used, of all the work performed by medication nurses during four eight-hour shifts on Wards 1 and 3 of our medical-surgical division. Ward 1 contains 40 beds for male medical patients; Ward 3 contains 40 beds for female medical patients. At the times the study was made the wards contained from 73 to 77 patients.

Two eight-hour studies were made (one in each ward) while patients who required sedation were given phenobarbital tablets (½ gr. t.i.d., or ¼ gr. q.i.d.). Two additional studies

Mr. Gooby is assistant administrator, Pennsylvania Hospital, Philadelphia, and Mr. Turnbull is a time engineer, Day and Zimmerman, Inc., Philadelphia.
Reprinted with permission from *The Modern Hospital*, October 1956.

*Eskabarb Spansule capsules, Smith, Kline & French.

The majority of adult **DIABETICS** will respond to MOBENOL



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were made after the sustained release capsules* were substituted for tablet medication: the 1 gr. capsule replaced the ¼ gr. tablets q.i.d.; the 1½ gr. capsule replaced the ½ gr. tablets t.i.d. The capsule was prescribed as a one-a-day dose and was given at 8:00 A.M.

Some medications are, of course, much more quickly and easily administered than others. In order to arrive at a true calculation which would be reasonably free of the errors that occur when times for dissimilar jobs are averaged, separate time increments were determined for each type of medication given. The amount of nurses' time (approximately 20 per cent) spent in pursuits other than dispensing medication (e.g. attending class, eating lunch) were also calculated separately and were not charged into any of the calculations connected with the administration of drugs.

sary records. Phenobarbital falls into the category italicized in the table: *All Other Tablets and Capsules.* In Pennsylvania, the records kept on hypnotic drugs are very similar to those kept on narcotics. The nursing time consumed when a single dose of phenobarbital was given in either tablet or sustained release capsule form was 4.89 minutes.

Because one sustained release capsule replaced either three or four tablets, the use of the capsule eliminated two medications per day for those patients normally getting ½ gr. tablets t.i.d., and eliminated three medications for those normally getting ¼ gr. tablets q.i.d. Therefore, the substitution of the capsule for those receiving t.i.d. medication resulted in a saving of 9.78 minutes per 24-hour day per patient (2 x 4.89); the substitution of the capsule for q.i.d. medication resulted in a saving of 14.67 minutes per 24-hour day per patient (3 x 4.89).

TABLE 1

Times Required to Administer Medications

Route of Administration	Types of Medications Given	Minutes Required per Dose	
		Nonnarcotic	Narcotic
Oral	Digitalis tablets	3.320	
	All other tablets & capsules	1.964	4.894*
	Drops in water	2.514	
	Liquid or powder	2.194	
Rectal	Suppositories	3.360	
Parenteral	Hypodermic prefilled from ampule	6.643	9.573
	Hypodermic prefilled from dissolved tablet	8.373	11.303
	Hypodermic filled at bedside	5.523	

*Time required to administer a single dose of phenobarbital.

Although the study was done on all work performed, the calculations of the times required to administer medications are those most pertinent to this report. Therefore, only these results are presented in detail.

Table 1 lists the times required to administer all types of medications given. The figures include the time necessary for pouring and giving medication as well as for posting the neces-

The number of patients requiring barbiturate medication varied from eight to 12. The opinion of all interested groups was that four days is a rather small sample for the purpose of projecting potential savings. For that reason, the average number of patients requiring t.i.d. or q.i.d. pheno-

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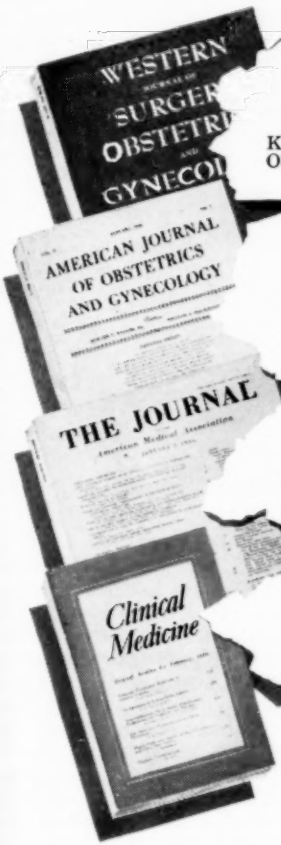

"Free from harm or irritation to the vaginal and cervical mucosa."

Karnaky, K. J.: Western Journal of Surgery, Obstetrics and Gynecology, Vol. 51, pp. 150-152.

"No evidence that the use of the tampon caused obstruction to menstrual flow."

Thornton, M. J.: American Journal of Obstetrics and Gynecology, Vol. 46, pp. 259-265.

"Does not impair standard anatomic virginity."

Dickinson, R. L.: The Journal of the American Medical Association, Vol. 128, pp. 490-494.

"Easy and comfortable to use and eliminated odor."

Sackren, H. S.: Clinical Medicine, Vol. 46, pp. 327-329.

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barbital was developed on an historic rather than an observation basis.

In accordance with the Pennsylvania state law, the hospital pharmacy maintains complete records of the quantities of phenobarbital issued for each ward and each patient. From these records figures were compiled which give the usage of phenobarbital in Wards 1 and 3 for the last five months of 1955.

These records revealed that from August to December 1955 (153 days) Wards 1 and 3 used a total of 2281 ¼ gr. phenobarbital tablets and 4007 ½ gr. tablets. The average number of ¼ gr. tablets dispensed each day was 17; the average number of ½ gr. tablets, 28. The approximate daily number of patients on the ¼ gr. (q.i.d.) regimen was four; on the ½ gr. (t.i.d.) regimen, nine. The complete counts for each month are given in Table 2.

Table 2
Phenobarbital Tablets Dispensed from August to December 1955 on Wards 1 and 3

Month	Calendar Days	Number of Tablets Dispensed			
		Ward 1		Ward 3	
		¼ gr.	½ gr.	¼ gr.	½ gr.
August	31	100	650	400	300
September	30	200	600	300	300
October	31	292	380	396	200
November	30	93	696	400	200
December	31	100	581	—	100
Total	153	785	2907	1496	1100

Projecting the weekly savings in nursing hours to be expected by replacing phenobarbital tablets with the sustained release capsule gives the following results: For patients on the q.i.d. regimen, 411 minutes (4 x 14.67 x 7); for patients on the t.i.d. regimen, 616 minutes (9 x 9.78 x 7). Therefore, the total savings in nursing time per week would be 1027 minutes, or 17 hours.

The savings of 17 hours per week, as calculated, takes into consideration conditions as they actually existed at the time of the study, when the patients were receiving an average of two oral medications at one time. In deriving a time standard per medication this average was used.

Although the study indicated that an impressive amount of time may be saved by replacing multidose medication with the sustained release capsule, we were, naturally, more interested in just what practical advantages might result from the saving in time. There were several, but they were not of the kind that lends itself to an objective, statistical analysis.

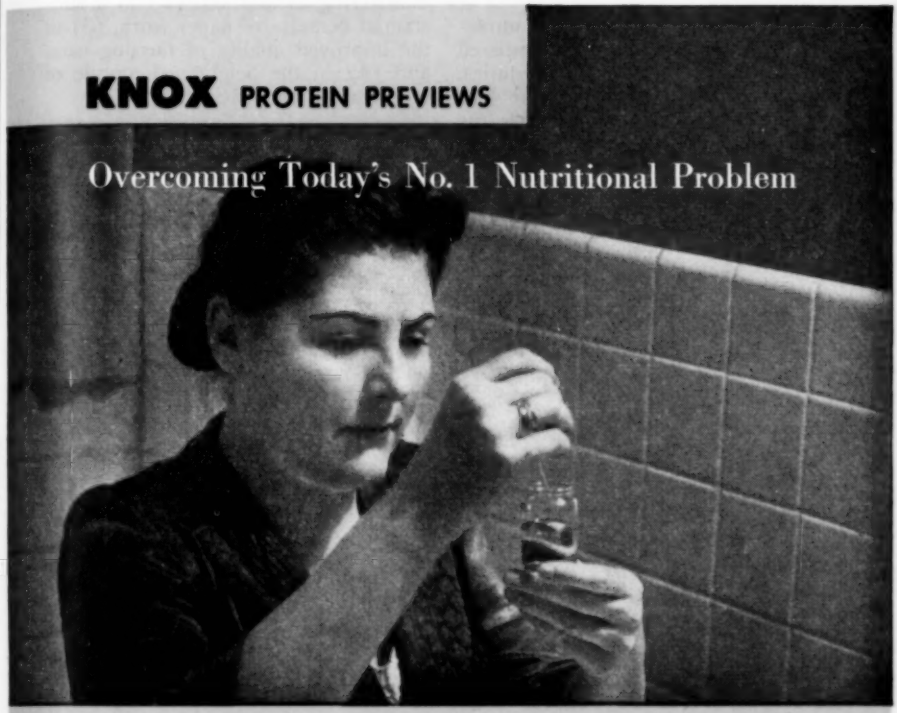
One of the most important results obtained by the new regimen was the heightened morale of the nurses. Three or four times a day the ward nurse had to make three separate records for each patient to whom phenobarbital tablets were given. The nurses were delighted at being freed from much of the burden of record keeping. Although this job is more time-consuming in our hospital than in others where phenobarbital is not classified as a narcotic, it is always annoying. Any routine which can lower the rising tide of paper is an administrative blessing.

The hospital's pharmacist was also enthusiastic about the new preparation. When dispensing phenobarbital, the pharmacist must keep a careful record showing where each tablet has gone. The record (the "Narcotics History Sheet") lists the patient's name, the date, the times each dose was distributed and the names of the nurses distributing the medication. The use of the sustained release capsule cut down the pharmacist's work load and considerably simplified the clerical routine.

The minutes saved here and there during the day are not cumulative, and the nurses did not find themselves with two or three hours a day of free time. Neither was the time saved reflected in a more leisurely work pace;

KNOX PROTEIN PREVIEWS

Overcoming Today's No. 1 Nutritional Problem



Knox "Food Exchange" Diet Enlists the Cooperation of Your DIABETIC Patients for Dietotherapy

1. This Knox booklet is based on nutritionally-tested Food Exchanges[1] and demonstrates that variety is possible for diabetic diets.

2. The easy-to-understand Food Exchanges simplify dietary control for the diabetic by eliminating calorie counting.

3. Diets promote accurate adjustment of caloric levels to the special needs of the patient, yet allow each individual considerable latitude in the choice of foods.

4. Each booklet presents in addition 16 pages of appetizing, kitchen-tested recipes.

1. The Food Exchange Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc., and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

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Please send me ..... dozen copies of the Knox diabetic brochure describing the use of Food Exchange Lists.

Your Name and Address

however, it was reflected in an improvement in nursing care evidenced in rather subtle but nonetheless important ways.

A great many small jobs nurses perform seem trivial when compared to their other, more important, duties. But as seemingly trivial as these jobs are, they contribute a good deal to the patients' comfort. When they are done well, they often make the difference between adequate and excellent nursing care. Understandably, these are the duties that are often either neglected or done in a perfunctory way by hard pressed nurses who simply do not have the time to attend to them. It was felt the use of the sustained release capsules enabled the nurses to perform these tasks more diligently, and that this extra nursing care resulted in the improved morale of both nurses and patients. There was time for the "personal" touch.

To sum up: The 17 hours a week gained using the sustained release medication were evident (1) in the faster performance of nurses in administering medication, (2) in a substantial decrease of paper work, (3) in the improved quality of nursing care, and (4) in the heightened morale of both nurses and patients.

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Sélection

La Réserpine en Psychiatrie

HISTORIQUE

La racine d'un petit arbuste droit et glabre est utilisée aux Indes depuis l'antiquité, pour le soulagement de l'insomnie, de la folie, de la dysentérie, du choléra, des céphalées et même contre les piqûres d'insecte et de serpents.

Cette plante demeura durant des siècles ignorée de la médecine officielle. Vers l'an 1600, elle reçoit le nom de *Rauwolfia serpentina* en l'honneur d'un médecin allemand, Léonard Rauwold. Voici qu'en 1931, deux chimistes de Delhi, isolent de la Rauwolfia serpentina, la plus importante d'une centaine d'espèces, cinq alcaloïdes différentes. Simultanément, deux médecins indiens lui trouvent une certaine efficacité contre l'hypertension artérielle et les symptômes violents de la psychose maniaque. Les hommes de science indiens continuent leurs recherches et propagent l'emploi du médicament. A tel point qu'au début de la deuxième grande guerre mondiale, un million d'hypertendus aux Indes l'utilisaient.

En 1952, chez Ciba, Müller, Schlittler et Bein parviennent à isoler de cette drogue brute, non standardisée, un nouvel alcaloïde pur, cristallin auquel ils donnent le nom générique de réserpine. Cet alcaloïde paraît être le principe actif le plus important de la Rauwolfia serpentina tant au point de vue chimique que pharmacologique.

LES EFFETS

La plupart des effets du médicament, comprenant la sédation, les altérations périphériques du système autonome et les changements circulatoires, sont explicables par une dépression du sympathique et, partant, une libération du parasympathique. Certains auteurs ont démontré que la réserpine facilite la transmission de l'influx nerveux aux synapses médullaires. Cliniquement, la réserpine a un effet tranquillisant et sédatif de même qu'une action hypotensive.

La sédation obtenue n'est pas celle des barbituriques et ne conduit pas habituellement à l'hypnose. Les patients tombent dans

ONLY Farmer's Wife GIVES YOUR PATIENTS ALL THESE SPECIAL SAFEGUARDS.

- Milks that meet the most rigid quality control standards.
- The most modern enamel lined cans.
- Vacuum packed for maximum protection.
- A unique Stock Rotation Plan that ensures fresh supplies at all times.
- Vitamin D increased to highest permissible standards.
- Milks that have been clinically proven to be digestible, nourishing and completely safe.
- A complete range of formula milks to meet individual dietary requirements.

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un sommeil apparent; ils peuvent être facilement sortis de leur état de tranquillité, leurs fonctions intellectuelles demeurant en état d'alerte ou de veille. Cette tranquillité, d'un type particulier conduit à une approche plus facile du psychotique. Il devient plus malléable et montre plus de souplesse à prendre contact et à s'adapter à son milieu hospitalier.

Vérification expérimentale

Cette observation clinique se vérifie expérimentalement. Les électroencéphalogrammes corticaux et sous-corticaux de singes fortement sidérés et apparemment endormis ne montrent pas le tracé caractérisque du sommeil obtenu avec les barbituriques.

Par ailleurs *l'action hypotensive* de la réserpine ne concerne pas directement la médecine spécialisée, mais elle serait un élément pronostique en psychiatrie. Les malades mentaux dont la tension baisse d'un façon significative seraient plus susceptibles de s'améliorer. Cette première étude n'a porté, que sur un petit nombre de cas. A noter, cependant que ce sont les cas les plus difficiles qui ont retenu l'attention. Le médicament a été employé dans les deux départements d'admission, tant chez les hommes que chez les femmes dans un hôpital psychiatrique, et, par la suite, dans des départements de femmes atteintes de troubles chroniques.

Résultats

L'appréciation des résultats, plus subjective qu'objective, étant donné le manque de critères bien catalogués en psychiatrie, a été contrôlée par deux médecins. Dans les psychoses aiguës, la réserpine a été prescrite en injections intramusculaires de cinq milligrammes, une ou deux fois par jour, accompagnées ou suivies d'une dose de un à cinq milligrammes *per os*. La voie orale a rarement été utilisée seule. La réserpine a été utilisée dans toutes les variétés de psychose et surtout là où l'agitation psychomotrice était l'élément dominant.

En conclusion, il est permis de dire que le traitement des maniaques par la réserpine a donné des résultats intéressants et comparables à ceux obtenus par le *largactil* et, qu'en plus, les troubles secondaires ont été négligeables. Chez les malades chroniques on obtient le calme et non la guérison. On ne peut être absolu dans la rapidité d'action du médicament: une schizophrène agitée depuis plusieurs années a commencé à se calmer dès la deuxième journée du traitement, et est restée calme deux semaines après l'arrêt de la médication . . . Par contre, dans un autre cas, les premiers résultats favorables n'ont été observés qu'après un mois de traitement.

Enfin, la sagesse conseille de se défier de la publicité tapageuse faite au sujet de traitement de l'angoisse par la réserpine ou serpasil.

Extrait de la revue: *Laval Médical* (Bulletin de la Société Médicale des Hôpitaux Universitaires de Québec, P.Q. février, 1956).

In Memoriam

(Continued from page 732)

real, in 1932, died on June 3, 1957 after a brief illness.

* * *

Sister Mary Eleanor, who received her training at St. Vincent de Paul Hospital, Brockville, Ont., died there on April 16, 1957 after a lengthy illness. In addition to her years of active work at Brockville, Sister Mary Eleanor had held positions in hospitals in Smiths Falls, Montreal and western Canada.

* * *

Margaret Louise Walker, a graduate in 1949 of the Royal Waterloo Hospital, London, England, died suddenly at Ponoka, Alta. Miss Walker had been employed at Cold Lake, Alta. since 1955.

* * *

Gertrude Mary Watson, a native of Guelph, Ont. who graduated from Morningside Hospital, Montclair, N.J., died in Toronto on May 28, 1957. After five years as superintendent of nurses at her Alma Mater, Miss Watson accepted a similar post at Saskatoon City Hospital. In 1934 she became the supervisor of the obstetrical division of Women's College Hospital, Toronto, later becoming director of nursing there. She retired in 1945.

OUT-PATIENT . . . *OR* . . . IN-PATIENT

FOR MINOR WOUNDS, TELFA *Strips* provide ample absorption with easy, painless removal. Three convenient sizes—that can be cut to fit any wound. TELFA permits fast, primary healing—at lower cost.

FOR MAJOR SURGERY, TELFA *Sponge-Pads* provide maximum absorption, retentiveness and protection from trauma and contamination. Dressing lifts off easily—healing tissue and stitches are undisturbed.

USE TELFA WHEREVER WOUNDS ARE DRESSED

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Wounds that you now dress with gauze, or sponges and pads, can be dressed *better* and more *economically* with TELFA. Dressing costs can actually be cut from 18% to 41% —because TELFA is now available in 2 forms to meet all wound needs.

There are TELFA *Strips* for simple, minor wounds—including a large size for plastic surgery; and TELFA *Sponge-Pads*, for routine surgical wounds and drainage cases. It is the first complete dressing in a single "unit".

But the saving is even greater, because this simpler dressing technique reduces doctor and nurse time by 50% or more.

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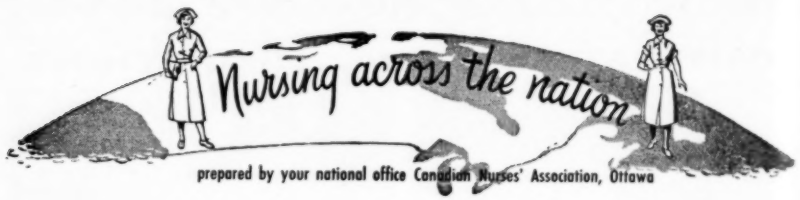

Pilot Project: Saskatchewan Contributes

The Saskatchewan Registered Nurses Association has contributed $3,123 to the Pilot Project for the Evaluation of Schools of Nursing. At the spring annual meeting, the S.R.N.A. went on record as approving the payment of $1.00 per member based on the December 1956 membership figures.

Canadian nurses everywhere will join with us in appreciation of this generous contribution. To the President and members of the S.R.N.A. our sincere thanks.

What Nurses are Doing

In 1956 National Office sent a questionnaire to a sample number of schools of nursing in Canada inquiring about the activity of the graduates of these schools over a period of five years — 1951-1957. Nineteen schools (73%) replied and reported on the activities of 4,330 graduates.

Graduated	4,330
Married	2,177
Single	2,024
Married and not employed in nursing	1,407
Actively employed in nursing in Canada	2,418
Non-nursing employment	63
Nursing in other countries	239
1. U.S.A.	192
2. Other	47
Not accounted for	203

The 2,418 nurses actively employed in nursing in Canada are engaged in the following major fields of nursing:

Hospital nursing	1,769
Home hospital	746
Other hospitals	1,023
Private nursing	191
Public health nursing	214
Official agency	107
Visiting nursing	47
Occupational health	12
Other	48
Nursing education	78
Armed forces	20
Doctors' offices	50
Airlines	54
Other	42

Canadian Council on Nutrition

Miss Pearl Stiver, our General Secretary, has recently been appointed a member of the Canadian Council on Nutrition for a period of two years.

Chairman of the Council is Dr. L. B. Pett, Chief of the Nutrition Division of the Department of National Health and Welfare. Members include representatives from the Canadian Dietetic Association, Canadian Medical Association, Canadian Teachers' Federation and several universities. Miss Stiver is the only nurse representative on the Council.

Purpose of the Council is to advise the Minister of National Health and Welfare on any matter relating to nutrition which has been referred to it or which the Council has originated.

Public Health Nurses and New Canadians

An interesting panel discussion entitled "How Can Public Health Nurses Function More Effectively with New Canadians" was presented at the recent Canadian Public Health Association meeting. Some of the interesting points discussed were:

A new Canadian passes through three phases —

a) the *egocentric or infantile* — lasting for about a week.

b) the *trial and stress* — lasting 2 to 3

Confirmed again clinically[1] the remarkable

safety-efficiency

record in relief of

constipation

and teething

gastrointestinal upset and malaise

Baby's Own Tablets

Extensive newly completed studies verify the outstanding safety record and the efficiency of BABY'S OWN TABLETS. Patients ranged in age from 2 months to 24 months.

One large group of infants suffered constipation, another group intestinal disturbances and malaise, coincident with teething.

The result from the studies were as follows . . .

ALL CONSTIPATED BABIES were relieved with complete easing of straining at stool, gas discomfort, restlessness and crankiness.

ALL TEETHING BABIES suffering concomitant gastrointestinal disturbances and malaise were relieved except one. Disturbed sleep, restlessness, crankiness were relieved as well as anorexia and constipation when present.

EMINENTLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction; no cutaneous eruptions or other allergic manifestations, no petechiae, no rise in rectal temperature, no alteration in cardiac and respiratory function, no vomiting or diarrhea, no oliguria, no albuminuria. No significant changes were observed in weight, growth, development or hemoglobin before and after the period of medication."

Pleasant, convenient BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s.

Send for a sample supply and literature citing references.[1-12]

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years or may become chronic. In this period the individual is trying to adjust and contribute to the new life.

c) a period of complete adjustment.

The public health nurse plays a special role in bringing about an understanding between the community and the new citizen. She occupies the unique role of representing the native population for the newcomer, and can act as an interpreter of his reactions and needs to the community. She is readily accepted by the new citizen.

The problem of motivating new Canadian mothers to learn English was solved by one Home and School group, which established a visiting committee. The members visited the new mothers, won their friendship, and were soon teaching them English. The new citizens wanted to speak to their new found friends and learned quite rapidly.

A discussion of the different food patterns of other countries led to the announcement that the Toronto Nutrition Council would soon publish a set of brief outlines explaining these food patterns. This should be of valuable assistance to nurses in all branches of nursing.

Nursing service was highlighted at the annual meeting of the Registered Nurses' Association of Nova Scotia held in June. The Nursing Service secretary took part in a Symposium on "Team Nursing." The concept of team nursing, the organization of the team, the assignment of patients and the responsibilities of the team leader were discussed. The benefits to be derived from team nursing by the patient, the nurse, the hospital administrator and the community were summarized. This was followed by a demonstration of the orientation, by the head nurse, of a new team leader to the other team members and the patients.

Program Committee

Miss Margaret Wheeler, chairman, Committee on Public Relations, is the newly appointed chairman of the Canadian Nurses' Association Program Committee for the 50th Anniversary Meeting. For reasons of health, the previous chairman, Miss Christine Livingston, found it necessary to relinquish her responsibility for this important Committee.

Le Nursing à travers le pays

Le Projet d'accréditation
Contribution de la Saskatchewan

L'Association des Infirmières enrégistrée de la Saskatchewan a contribué pour une somme de $3,123 au projet-essai d'évaluation des écoles d'infirmières. Lors de l'assemblée annuelle tenue le printemps dernier, les membres ont approuvé la proposition de payer $1.00 par membre inscrit en décembre 1956.

Les infirmières canadiennes se réjouiront avec nous de cette généreuse contribution. A la présidente et aux membres de l'A.I.E.S. nos sincères remerciements.

Que font les infirmières?

En 1956, le secrétariat national a envoyé un questionnaire à un groupe d'écoles d'infirmières du Canada leur demandant quelles étaient les occupations des diplômées de leurs écoles respectives depuis cinq ans. Dix-neuf écoles (73%) ont répondu donnant un rapport des occupations de 4,330 diplômées.

Diplômées	4,330
Mariées	2,177
Célibataires	2,024
Mariées, ne pratiquant pas comme infirmières	1,407
Pratiquant comme infirmières au Canada	2,418
Occupant un emploi autre que celui d'infirmières	63
Pratiquant dans d'autres pays:	239
1. Etats-Unis	192
2. Autres	47
Emploi inconnu	203

Des 2,418 diplômées exerçant comme infirmières au Canada exercent dans les domai-

Saunders books

4 Outstanding Guides . . . for the Nurse!

Dorland's Illustrated Medical Dictionary

New (23rd) Edition! Six years of concentrated work by some 78 authorities, has produced the most useful medical dictionary yet devised — up-to-date, accurate and authoritative. Today's nurse can rely on it with confidence. Nearly 4,000 new terms have been added and thousands of definitions have been rewritten to conform with changing concepts and expanded knowledge. In addition, you will find useful information on: signs and symptoms, vitamins, drugs, and medical etymology. Anatomical tables have been revised throughout. A new feature, *Notes on Use*, explains arrangement of entries, phonetics, derivations, etc.

Prepared under the editorial supervision of LESLIE BRAINERD AREY, Ph.D., Sc.D., LL.D.; WILLIAM BURROWS, Ph.D.; J. P. GREENHILL, M.D.; and RICHARD M. HEWITT, A.M., M.D. 1598 pages, with over 700 illustrations and 50 full page plates. Flexible Binding. Thumb-indexed. $12.50 *New (23rd) Edition.*

Brown — Medical Nursing

New (3rd) Edition! This up-to-date text fully explains modern and effective nursing care of the medical patient — emphasizing related aspects such as his religious, economic, sociologic, and emotional needs. All common diseases are concisely classified according to systems of the body. Medical descriptions give etiology, symptoms, treatment, prognosis, and detailed nursing care for each disorder. You will value the special attention given to problems of the aged and chronically ill. There is complete coverage of such topics as relief of pain, sleep, urinary complications, lung cancer and smoking, performing a biopsy, etc.

By AMY FRANCES BROWN, R.N., M.S. in N., B.Ed., Ph.D., Instructor and Consultant, St. Anthony's Hospital School of Nursing, Rock Island, Illinois. 947 pages, with 447 illustrations. $7.00. *New (3rd) Edition.*

Brooks — Basic Facts Of Pharmacology

New! Here is an extremely clear and concise book emphasizing the *action of drugs* rather than the drug itself. Written especially for the nurse, it discusses *all* the important drugs in use today, enabling you to see at a glance their similarities and differences. Brief descriptions cover the use of the drug, effects, methods of administration, and normal dosage. You will value the helpful discussions of toxicology, chemistry, laws regulating drugs and arithmetic. Structural formulas show the relationship between chemical construction and pharmacologic action. Many tables, charts and illustrations help clarify the various classifications.

By STEWART M. BROOKS, Ph.G., B.S., M.S., Science Instructor, Muhlenberg Hospital School of Nursing, Plainfield, N.J. 384 pages, illustrated. $4.00. *New.*

St. Marys Operating Room Technic

New (5th) Edition! This book is a practical guide to up-to-date surgical procedures, designed to give the nurse an understanding of the work of the surgeon. Hundreds of operations from appendectomy to plastic surgery are defined, supplemented with graphic illustrations. For each operation you will find concise information on position of patient; drape; necessary instruments, sutures; drain; and an outline of surgical procedures. Over 400 illustrations familiarize the nurse with instrument set-ups, supplies, and procedures. The Appendix pictures 210 separate surgical instruments and 13 different surgical sheets. Two new chapters cover *Operative Procedures in Thoracic Surgery and Cardiovascular Surgery*. The material on *Plastic Surgery* has been expanded.

ST. MARYS HOSPITAL, Rochester, Minnesota. 359 pages, 218 figures. $7.50. *New (5th) Edition.*

Gladly Sent to Teachers For Consideration as Texts!

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Service privé	191
Hygiène publique	214
Services de santé	107
Infirmières visiteuses	47
Réhabilitation	12
Autres	48
Education en Nursing	78
Forces armées	20
Bureaux de médecins	50
Aviation civile	54
Autres	42

Conseil Canadien de la Nutrition

Notre secrétaire générale, Mlle Pearl Stiver, a été récemment nommée membre du Conseil Canadien de la Nutrition pour une période de deux ans.

Le président de ce Conseil est le Dr L. B. Pett, directeur de la division de la nutrition au Ministère de la Santé Nationale et du Bien-Etre. Parmi les autres membres il y a un représentant de l'Association des diététistes, de l'Association médicale canadienne, de la Fédération des Associations d'instituteurs et de plusieurs universités. Mlle Stiver est la seule infirmière dans ce Conseil. La fonction de ce Conseil est de renseigner le Ministère de la Santé Nationale et du Bien-Etre sur les questions se rapportant à la nutrition, questions que l'on a demandé au Conseil d'étudier, ou qu'il propose lui-même.

Comité du Programme

La convocatrice du Comité des Relations Extérieures, Mlle Margaret Wheeler, a été nommée présidente du Comité du Programme de l'Association des Infirmières Canadiennes pour le congrès marquant le 50e anniversaire de la fondation de notre association. Mlle Christine Livingston s'est trouvée dans l'obligation d'abandonner la présidence de cet important Comité.

L'Infirmière Hygiéniste et les Néo-Canadiens

Lors de la réunion de la "Canadian Public Health Association" un groupe de discussion présenta le sujet suivant: "Comment le travail des infirmières hygiénistes peut-il être plus efficace avec les Néo-Canadiens." Voici quelques-uns des points intéressants qui furent discutés: Un néo-canadien passe par trois phases:

a) égocentrique et infantile — qui dure une semaine.
b) d'adaptation et de tension — qui peut durer deux ou trois ans ou peut devenir chronique. Durant cette période la personne essaie de s'adapter et de contribuer à sa nouvelle vie communautaire.
c) une période d'intégration complète.

L'infirmière hygiéniste joue un rôle spécial d'agent de liaison entre la communauté et le néo-canadien, elle facilite la compréhension entre les deux.

Pour le néo-canadien, elle représente la population du pays et elle peut interpréter à la communauté ses réactions et ses besoins. Elle est rapidement acceptée par ce nouveau citoyen comme une amie et une aide.

Pousser les mères néo-canadiennes à apprendre l'anglais est un problème, une heureuse solution fut trouvée par un groupe de l'école des parents qui organisèrent un Comité de visiteurs. Les membres visitèrent les mères néo-canadiennes, devinrent amis et bientôt leur enseignèrent l'anglais. Les nouveaux Canadiens désirant converser avec ces amis apprirent très rapidement la langue.

Une discussion sur l'alimentation dans les autres pays souleva l'intérêt de "Toronto Nutrition Council" qui annonça la publication prochaine d'une série de feuillets donnant les grandes lignes des mets nationaux. Cette publication aidera les infirmières dans quelque domaine qu'elles travaillent.

L'équipe en Nursing

Le Comité du Service du Nursing a tenu la vedette lors de l'assemblée annuelle des Infirmières enregistrées de la Nouvelle-Ecosse. L'équipe en nursing fut le sujet d'un symposium. La définition de l'équipe en nursing, son organization, la distribution du travail auprès des malades et la responsabilité du chef d'équipe, furent les sujets discutés. On résuma les avantages qu'offre le travail d'équipe en nursing au malade, à l'infirmière, à l'hôpital et à la collectivité. Cette présentation fut suivie d'une démonstration portant sur l'orientation donnée par une hospitalière à un nouveau chef d'équipe, puis aux autres membres de l'équipe, et aux malades.

Wit is the salt of conversation, not the food.—Hazlett.

New mothers sometimes think preparing an evaporated milk formula is more complicated than proprietary formulas.

Actually, since sterilization is the same, the *only* difference is that the mother adds the carbohydrate...the specific type and amount *prescribed by the physician* as best for her baby.

This gives the infant the advantages of his own evaporated milk *prescription* formula, readily adjustable to meet his changing nutritional needs – a *flexibility* not possible with proprietary formulas.

The mother who knows this will not consider adding the carbohydrate any "trouble" at all!

Carnation

"FROM CONTENTED COWS"

Optimum prescription-quality in today's trend to the individualized formula.

Book Review

The Patient as a Human Being, by Robert M. Frumkin, University of Buffalo Bookstore. 68 pages. 1955.

Implicit in nursing is the accepted principle that care will be given without prejudice to anyone requiring it, regardless of race, religion, social standing, etc. While the individual nurse may accept this and believe in the rightness of such a principle, there are few who have not experienced some difficulty in the practical application.

Nursing entails giving care to many people of varied nationalities, religious beliefs, social customs, occupations and standards of living. To serve them most effectively, the nurse must have tolerance, patience and the ability to accept the fact that her values are not necessarily those of the individuals for whom she is caring. These attributes are dependent upon an understanding of human nature and the factors that make us what we are.

The influence of race, religion, occupation, sex and age on personality are considered briefly. One of the best sections of the text deals with the fundamental differences between the predominating religions in our society — Protestantism, Judaism, and Catholicism. While brief, it provides the reader with a basis on which to build a broader understanding of religious beliefs and their effect on personality. Occupation is described as a major determining factor in personality development since almost half of our waking hours in the course of a week are occupied directly or indirectly with the jobs we hold. The development of the democratic unisexual society and the changing role of women is discussed briefly. Race is accepted as an important factor in determining the kind of person one can and does become but it is emphasized that racial status is not static but has been created by man and can be changed. The lists of suggested texts for further study are extensive and helpful.

While this text succeeds in its aim of providing greater understanding of human nature — it does so at the level of graduate nurse study rather than undergraduate study. There is a tendency towards technicality of terms and explanation that would discourage student nurse study of it. For greatest effectiveness the development of this understanding must begin when the prospective nurse enters the school.

News Notes

ALBERTA

District 7

Edmonton

General Hospital

Sr. Ste Croix, G. Graves and six student nurses went to the annual provincial convention in Banff. R. M. O'Byrne attended the local civil defence course held in June. B. Carr was one of the panelists at an institute on insulin therapy. An institute on ward administration was held under the leadership of H. Keeler, University of Saskatchewan. A successful "strawberry tea" was sponsored by the sodality and the graduate nurses enjoyed a tea on Sister Superior's feast day.

Jasper

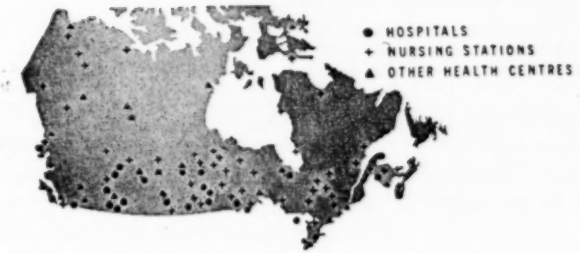
The annual chapter party was held at the Palisades early in June. Several members have volunteered to assist in the work of the Red Cross — Mmes Gates, Nordgren, Bried, Vuksanovich, McCague, Cates, Bruce and Prowse. Several delegates attended the annual provincial convention in Banff.

District 8

Pincher Creek

A tea and bake sale were sponsored by the chapter late in May under the convenership of Mrs. P. Hodgson. Both the Cancer Fund and the Red Cross Society have been supported by donations from this group as

NURSING WITH INDIAN AND NORTHERN HEALTH SERVICES



OPPORTUNITIES FOR REGISTERED HOSPITAL NURSES, PUBLIC HEALTH NURSES, and NURSING ASSISTANTS or PRACTICAL NURSES

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(1) Regional Superintendent, 4824 Fraser Street, Vancouver 10, B.C.

(2) Regional Superintendent, c/o Charles Camsell Indian Hospital, Edmonton, Alberta.

(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

well. Mrs. P. Docherty was chosen as delegate to the annual provincial convention.

BRITISH COLUMBIA

Vancouver Island District

Courtenay

An account of her trip to Copenhagen, Geneva, Belgium and the British Isles by Miss Alice Wright delighted chapter members at one of their regular meetings. It was announced that Miss K. Storr, winner of last year's chapter bursary, had led her class in preliminary examination standings. Dr. R. Scholefield gave a very informative and interesting address on the visual development of children, at an earlier meeting.

Nanaimo

The executive members of the local Future Nurses' Club were officially installed by Mrs. E. Rogers, president of the Nanaimo chapter at one of the regular meetings. Merilyn Ure took the president's oath, Valerie Riecken is vice-president, Norma Hansen, secretary and Pat Good, treasurer. The club is intended to help prospective nurses gain knowledge of the profession and its opportunities.

MANITOBA

St. Boniface

St. Boniface Hospital

A graduation breakfast preceded commencement exercises for the class of 1957 which were followed by a dance in the Crystal Ballroom of the Royal Alexandra Hotel. Prize winners were Ernestine Cross, general proficiency; Joan Collins, bedside nursing; Barbara Robertson, highest standing in theory; Yvonne Coequyt, executive ability; Bessie Vermey, school citizenship; Patricia Samels, alumnae scholarship; Herveline Lagimodiere, ladies' auxiliary award for highest standing in theory in the intermediate year.

NEW BRUNSWICK

Chatham

A regular meeting of the Miramichi Chapter of the N.B.A.R.N. was held in the board room of Mount St. Joseph Hospital, Chatham, recently. During the business part of the meeting a committee was formed to raise funds to help study accreditation in schools of nursing.

An interesting report on the New Brunswick public health meeting was given by Mrs. Bettie Norris. The program committee presented an interview with Miss Audrey McDonald who has been in New York for several months doing general duty nursing at the Roosevelt Hospital.

The annual banquet was held in June in the United Church Hall in Chatham.

Saint John

Under the direction of M. Moore a skit entitled "Toward Better Nursing" was presented at a chapter meeting earlier this year. K. Donahue was named official delegate from the chapter to the annual provincial convention.

General Hospital

Forty-eight new graduates received their diplomas from Miss J. Stephenson, director of nursing, and Mr. C. V. Emerson, chairman of the hospital Board of Commissioners at graduation exercises earlier this year. The Board of Commissioners presented prizes to Shirley Anne Graham, member of the graduating class; Hester Currie, senior student; Zeta Hawkes, senior intermediate student; Audrey Pugh, junior intermediate student; Marilyn Crowe, junior student and Donna Evelyn Fowler, preliminary student. Elizabeth Anne Estabrooks, a new graduate, was awarded the Medical Society's prize for general proficiency and the Ella T. McGaffigan Memorial prize for bedside nursing. Leah J. Waller was awarded the Emma J. Mitchell memorial prize for second highest standing in general proficiency. Iona Griffin received the alumnae prize for highest standing in her division and the Dr. A. E. Macaulay Memorial award for proficiency in operating room technique.

The Women's Hospital Aid prizes in obstetrical nursing were presented to Dorothy Wasson and Audrey Crouse. Norma Boyce received the Dr. Walter W. White Memorial prize for highest standing in the practice and theory of surgical nursing. Shirley Graham was the recipient of an award presented by the Cathedral of the Immaculate Conception.

The graduating students were guests at a reception held by the president and Board of Commissioners of the hospital following graduation ceremonies. They were also honored at a dinner and dance sponsored by the alumnae association. The class valedictorian, D. Wasson, was presented with a life membership in the association.

St. Joseph's Hospital

Graduation exercises for the class of 1957 were held late in May. Mr. J. Paul Barry, Q. C., and a member of the hospital board of directors was the guest speaker. Diplomas were presented by Rev. A. B. Leverman, bishop of Saint John. Theresa Margaret Guest, the valedictorian, received the prize for the highest standing in nursing theory throughout her entire course as well as the award for highest standing in her knowledge of Christian doctrine and medical ethics. Twyla Wallace received the general proficiency award donated by the board of directors. Alice Linton won the alumnae award for highest standing in medical nursing and Inez Wall received the professional ethics prize granted by the hospital auxiliary. The new graduates were guests of honor at a dinner and dance sponsored by the alumnae association of the school of nursing.

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of
BRITISH COLUMBIA

Applications are invited for staff & administrative positions for Psychiatric & Tuberculosis units in the Essondale area, which is on the outskirts of Greater Vancouver. These positions have been created through re-organization & expansion of the Department of Nursing.

Positions open:

Supervisors: for 225-bed Psychiatric & Tuberculosis unit. Postgraduate course in supervision or administration & postgraduate course in Psychiatric & Tuberculosis nursing or equivalent experience. **Salary: $260 - $315 per month.**

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Head Nurses: for Medical Surgical Infirmary wards & Tuberculosis wards. Postgraduate course in psychiatric nursing or equivalent experience. **Salary: $255 - $287 per month.**

Head Nurses: for Mental Health Centre. Postgraduate course in Psychiatric Nursing or equivalent experience. **Salary: $255 - $287 per month.**

Staff Nurses: for Medical Surgical wards & Tuberculosis wards. **Salary: $239 - $271 per month.**

Nursing Instructors: for Training School. **Salary: $255 - $287 per month.**

40 hour week, statutory holidays, 4 weeks vacation with pay annually. Residence accommodation in modern residence $5.00 per month, cafeteria meal service, 30¢ per meal. Recreational facilities. Applicants must be British Subjects & eligible for registration with Registered Nurses' Association of British Columbia.

Apply to:

THE PERSONNEL OFFICER,
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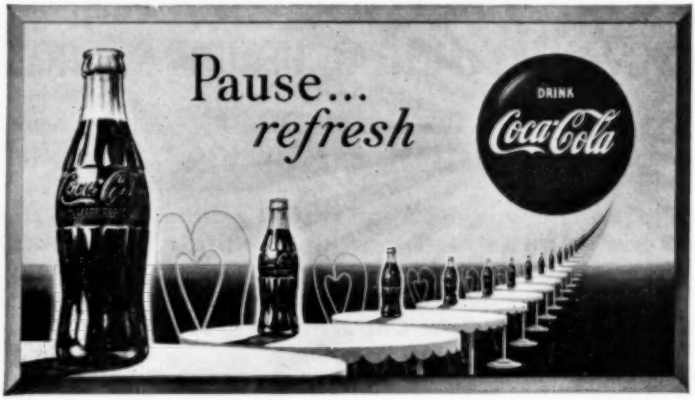

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NOVA SCOTIA

HALIFAX

The admission, treatment and eventual discharge of a psychiatric patient was presented in an original skit by staff members of the Nova Scotia Hospital at a regular chapter meeting earlier this year. The skit included a demonstration of electro-convulsive therapy and a nursing clinic for students conducted by the clinical instructor. The annual meeting of the chapter in May was followed by a buffet supper and a musical program.

SYDNEY

The Cape Breton and Victoria branch of the R.N.A.N.S. held a regular meeting in May at the Point Edward Hospital.

The nursing education section met in the afternoon and an interesting outline was presented by Mrs. Margaret MacDonald of the course given to affiliate student nurses in tuberculosis nursing. A discussion on group nursing followed. A delicious buffet supper and musical program preceded the evening session.

At that meeting, Miss Olive MacPhee and Miss Agnes MacDonald gave reports of the executive meetings held in Halifax in March. Other interesting items of business were also discussed. Several sound filmstrips were presented by Sister Marie Barbara, superintendent of St. Rita Hospital.

This was a special treat and climaxed an enjoyable evening.

ONTARIO

District 2

Brantford

There was a good attendance at the spring meeting of the district at which Mr. W. Bradley discussed "Liability Aspects of Nursing." Miss P. Bluett gave an account of the provincial convention and Mr. B. Brody gave a very informative talk on radio and the importance of this medium in the life of a community.

District 5

Toronto

General Hospital

Muriel Winter, who is supervisor of the health and welfare services, Toronto branch of the Canadian Red Cross Society, has been given a temporary posting to the Netherlands. She will assist in providing public health services at staging camps for Hungarian refugees. M. Mason has been appointed director of volunteer nursing services for the Ontario Division of the Red Cross Society. B. Duval Varey is on the staff of St. Joseph's Hospital, Toronto, in the pediatric division. C. Cameron recently completed a course at the American Airline Stewardess School at Chicago's Midway Airport. J. Dedlow is working in Boston following completion of a postgraduate course in obstetrics and gynecology. L. Normandeau is on staff in the obstetrical department of the Wellesley Division after finishing the same course of study. E. Green is in an outpost hospital in the James Bay region. M. Crosby is doing general duty in the New York Hospital.

District 8

Ottawa

Royal Ottawa Sanatorium

The members of the medical, nursing, dietary and clerical staffs and the supervisors of the various departments paid tribute to Miss Pearl Walker, assistant superintendent of nurses, at a buffet supper held early in June. Miss Walker is retiring after 44 years of service.

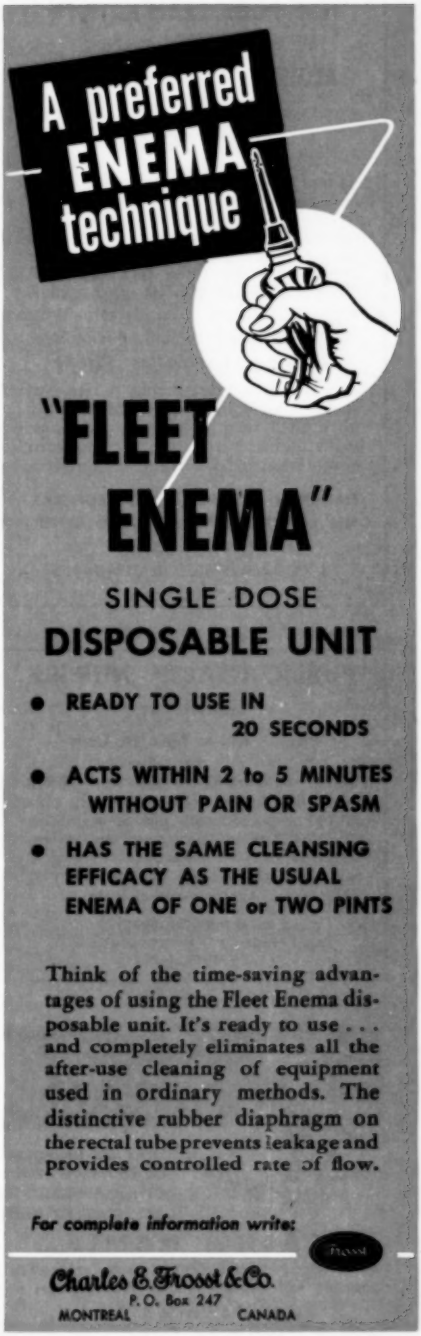
A television set and wrought iron stand were presented by E. MacMurchy, L. Boyle and E. Isbister in appreciation of Miss Walker's devotion and interest in all phases of the work of the hospital. I. Clement pinned on a corsage of pink roses. The good wishes of her friends for many years of happiness go with Miss Walker into her new life.

QUEBEC

District 11

Montreal

En avril le comité des Relations Exté-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IN
NOVA SCOTIA

To take place on October 16, 17 and 18, 1957 at Halifax, Yarmouth, Amherst, Sydney and New Glasgow. Requests for application forms should be made at once and forms must be returned to this office **NOT LATER THAN SEPTEMBER 16th, 1957,** together with:—

(1) *Diploma of School of Nursing*
(2) *Fee of Ten Dollars ($10.00)*

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations and is within six (6) weeks of completion of the course in nursing.

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THE REGISTERED NURSES' ASSOCIATION
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rieures de l'Association des Infirmières de la Province de Québec, organisait une Rencontre Inter-professionnelle féminine à l'auditorium de l'Hôtel-Dieu de Montréal. Le Dr. Lise Frappier-Davignon traita des sources de culture professionnelle, Pauline Gazelais et M.-Paule Laurin McIver discutèrent "de la profession, moyen de gagner sa vie," et Mme Nicole Germain parla des loisirs, facteurs de détente nécessaire. Mlle Georgine Badeaux présida l'assemblée et Mlle Gabrielle Charbonneau remercia les distinguées conférencières.

Royal Victoria Hospital

Recent visitors have included Donalda McTavish en route to join the staff of the Calgary General Hospital; E. (Rowsell) Macaulay on her way to Europe; M. McArdle, presently with T.C.A. in Toronto and A. Burns, operating room supervisor at Middleton Hospital, Connecticut.

B. Tate is on the staff of the University Hospital, Edmonton and S. Dawson plans to attend Queen's University in September. D. Leslie and L. Pepper have joined T.C.A. Twenty members of the class of 1947A enjoyed a class reunion and were guests at a tea in the nurses' residence in mid-June. A tour of the new division was included in their activities.

SASKATCHEWAN

SASKATOON

St. Paul's Hospital

The week of May 5-12 was chosen to celebrate the 50th anniversary of the hospital. Friends gathered from near and far to pay their respects to the Sisters of Charity, Grey Nuns of Montreal, for their years of dedicated service to the sick. The life story of the foundress of this order, Madame d'Youville, was depicted in a play by the student nurses under the direction of Father J. L. O'Donnell, C.S.B., principal of St. Thomas More College.

Banquets, speeches and special meetings in which all the hospital personnel were involved, added to the festivities of the week. The grande finale occurred when 52 senior students participated in the graduation exercises of the School of Nursing. Dr. F. Rosher, president of the medical staff, was chairman for the evening. His Excellency, Bishop Klein, presented the diplomas. The student nurses' glee club sang several numbers. Awards were presented by Dr. A. L. Swanson, executive director of the University Hospital.

Guest speaker for the evening was the Honorable T. C. Douglas, Premier of Saskatchewan. In his address, he exhorted the new graduates to live a life of dedicated service as did Christ, keeping in mind that " . . . as ye have done it unto the least of these, my brethren, ye have done it unto me."

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Quebec.

Matron & Nurses (General Duty) for small hospital in southern Alberta. **Nurses: $200** per mo. with $5.00 per mo. increment every 6 mo. for 3 increments. 40-hr. wk. Full maintenance. 3-wk. vacation & 10 statutory holidays per yr. with pay. Sick care. **Matron** to state salary desired. Apply The Secretary, Municipal Hospital, Raymond, Alberta.

Matron for modern 30-bed hospital. Duties to commence immediately. Private 3-room suite. 4-wk. annual vacation with pay after 1 yr. service. All statutory holidays. 44-hr. wk. Full-time Sec.-Treas. For further particulars contact Robert G. Keast, Sec.-Treas., District Hospital, Roblin, Man.

Matron (Qualified — Urgently needed) for newly equipped 12-bed United Church Hospital in southern Manitoba. Salary: $300 per mo. & maintenance. Please Contact Dr. H. V. Waldon, Vita, Manitoba.

Matron for modern 7-bed hospital. 44-hr. wk. Yearly vacation & statutory holidays. Pleasant living accommodation available. Apply Matron, Wawanesa Hospital, Wawanesa, Manitoba.

Director of Nurses for 88-bed hospital. (Duties to commence September 1st.) Apply to the Administrator, The Dufferin Area Hospital, Orangeville, Ontario.

Superintendent (Duties to commence November 1, 1957) for 35-bed hospital. Complete staff at present time. Apply stating references, age, experience & salary expected. **Floor Supervisor.** (P.G. in Obstetrics preferred), Salary: $220 gross. Apply Mrs. I. Garrow, Sec.-Treas., County of Bruce General Hospital, Walkerton, Ontario.

Superintendent for modern 52-bed community hospital **on or before Sept. 1, 1957.** Situated 50 mi. west of Ottawa. Salary to be arranged. Full maintenance. 44-hr. wk. 1-mo. vacation with pay after 1 yr. service. Sick leave & statutory holidays. Apply stating experience, age & references to Superintendent, Pontiac Community Hospital, Shawville, Que.

Director of Nurses for 80-bed General Hospital. Fully accredited by the Joint Commission on Accreditation of Hospitals. Salary open. Excellent personnel policies & employees benefits. Experience & degree preferred. Apply Administrator, Sidney A. Sumby Memorial Hospital, Visger Road at Palmerston St., River Rouge 18, Michigan.

Matron, General Duty Nurses (2) for 23-bed hospital. Top salaries. 1-mo. vacation a yr. Separate nurses' residence. Maintenance: $25 per mo. Sick leave. Apply to the Matron, Union Hospital, Spiritwood, Saskatchewan.

Assistant Matron, Operating Room Nurse (1), General Duty Staff Nurses (rotating) for 38-bed hospital. Excellent personnel policies. Modern residence on the grounds. 3-wk. annual vacation plus statutory holidays. **Nurses' Aides.** Excellent personnel policies. Residence on the grounds. Apply Administrator, Union Hospital, Assiniboia, Saskatchewan.

Operating Room Supervisor, Head Nurse, Assistant Head Nurse, Staff Nurses for 100-bed, fully accredited Children's Orthopedic Hospital. Good personnel policies. Please apply to Director of Nursing, Alberta Red Cross Crippled Children's Hospital, 1820 Richmond Road, Calgary, Alberta.

Nursery Supervisor for new Nursery Unit. Postgraduate study or previous experience desired. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Supervisor of Nurses. 44-hr. wk. Living accommodation available. State experience & salary required. **Registered Nurses (Immediately).** 44-hr. wk. $235 per mo. Annual increase. Living accommodation. **Operating Room Nurse (1).** Please state experience & salary required. 42-bed General Hospital in attractive surroundings. Please address applications to the Chairman, Hospital Board, General Hospital, Sioux Lookout, Ontario.

Supervisor & Staff Nurses (Men & Women) for fully accredited private psychiatric hospital near Baltimore, Maryland. 40-hr. wk. 4-wk. annual paid vacation. Salaries dependent on educational background & experience. Living accommodation available on campus. Apply Personnel Office, The Sheppard & Enoch Pratt Hospital, Towson 4, Maryland.

Assistant Supervisor, (Operating Room) salary commensurate with qualifications & experience, $250-$280 per mo., **General Duty Nurses, $225-$260.** For air conditioned Operating Room in 100-bed General Hospital located on the shore of Lake Erie, 18-mi. from Buffalo. Well qualified surgical staff. Residence accommodation available. Good personnel policies. Apply Director of Nursing, General Hospital, Port Colborne, Ontario.

Instructor for Surgical Nursing. Classroom & clinical teaching. Classes approximately of 20-students. Apply Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Nursing Arts Instructor, Science Instructor, Operating Room Nurse for 170-bed hospital in university city — school of 90 students. Good personnel policies including increments every 6-mo. for 2 yr. Apply to Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Clinical Instructor for 110-bed hospital. Apply Superintendent, Charlotte County Hospital, St. Stephen, New Brunswick.

Instructor for 8-wk. affiliation program in Tuberculosis & Rehabilitation Nursing. 44-hr. wk. 4-wk. vacation. 9 statutory holidays. Cumulative sick leave. Group insurance, choice of 2 pension plans. Apply Director of Nursing Service, Beck Memorial Sanatorium, London, Ontario.

Clinical Instructors (3), immediately. Medical-Nursing (1), Medical-Surgical Nursing (1), Obstetrical Nursing (1). Good personnel policies. Apply to Director of Nursing, Victoria Hospital, London, Ontario.

Nursing Arts Instructor (not over age 50) immediately for 250-bed hospital, thoracic diseases & chronic illness rehabilitation. Salary range: $371-$464. American or Canadian citizen, California registered. Send personal record, references & recent photo to Medical Director, Tulare-Kings Counties Hospital, Springville, California.

Pediatric Head Nurse with postgraduate or equivalent experience, Operating Room Nurses & General Duty Nurses for 110-bed hospital in the Fraser Valley, 68 mi. from Vancouver with good bus service. Personnel practices in accordance with the R.N.A.B.C. policies. Accommodation in residence if desired. Further particulars available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

Central Supply Room Head Nurse for 200-bed hospital. For information apply Assistant Director of Nursing, Royal Inland Hospital, Kamloops, British Columbia.

Assistant Head Nurses & Staff Nurses. Excellent personnel policies. Apply Director, Shriners Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Are You Interested in Furthering Your Nursing Experience? Staff Nurses for an active 50-bed General Hospital. For information apply to Superintendent of Nurses. Langley Memorial Hospital, Murrayville, British Columbia.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 83-bed hospital in downtown Toronto. This is the new Cancer Treatment & Research Institute opening early this fall. For details please write to Director of Nursing, Ontario Cancer Institute, 500 Sherbourne St., Toronto 5, Ontario.

General Staff Nurses Registered (6) for an accredited 75-bed hospital. Salary: $245. Increases every 6-mo. Full maintenance $35. 42-hr. wk. Apply Superintendent, St. Therese Hospital, Tisdale, Saskatchewan.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $320 with 4 annual increases to $360. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

Staff Nurses for new, modern 170-bed hospital in sunny Los Angeles, California. In-service education & opportunities for advancement. California registration required. Starting salary: $300 to $315 per mo. for 40-hr. wk. Increases during the year. Paid hospitalization & many other benefits. Write to Director of Nurses, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, California.

Staff Nurses — Come & work at Merced County General Hospital (244-beds). Merced — The Gateway to Yosemite National Park & 3-hr. from San Francisco. No rotation of shifts. 40-hr. wk. Annual vacation, liberal holidays, sick leave. Liberal salary per mo. with evening & night differentials. Nurses' residence available for $10 per mo. Write to Director of Nursing Services, County General Hospital, Merced, California.

Attention Registered Nurses — Apply Now! Staff positions available starting June '57 for 400-bed country hospital located 2 hr. drive from either San Francisco or mountain resort areas. Starting salary: $304 with shift differential of $10. Specialty service differential also. Rooms available in nurses' home for $15 per mo. Laundry & meals available for a reasonable sum. 40-hr. wk. 3-wk. vacation at end of 1 yr. 11 holidays yearly & compensatory sick time. Apply Director of Nurses, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Nursing Staff positions now available for 250-bed accredited hospital, chronic illness & tuberculosis. **Supervising Nurse,** starting salary: $351, range to $415. **Staff Nurse,** starting salary: $314, range to $371. **Licensed Vocational Nurse**, starting salary $238, range to $281. **Aide,** starting salary, $225, range to $266. Additional allowance for evening & night duty. Retirement plan, sick leave benefits, holidays, paid vacation. Modern nurses' residences. Healthful recreational foothill area near Porterville. U.S. or Canadian citizenship required. Submit application c/o Medical Director, Tulare-Kings counties Hospital, Springville, California.

General Staff Nurses for fully accredited, private teaching hospital, located on Lake Michigan just north of Chicago. 5-day, 40-hr. wk. Salary range: $320.05-$346. Shift bonus: $26, afternoons — $17, nights. Progressive personnel policies. Excellent cafeteria & attractive rooms at reasonable rates. Please indicate type of service preferred. Apply Director of Nursing, Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois.

Staff Nurses for 500-bed General Hospital. 40-hr. wk. Beginning salary: $325 per mo. with advancement to $360 for those eligible for registration in the State of Michigan. Additional differential $1.50 per afternoon or night. Hospital & school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4610 John R. St., Detroit 1, Michigan.

Staff Nurses for modern 650-bed Tuberculosis Hospital affiliated with Western Reserve University approved by joint commission on accreditation of hospitals. 40-hr., 5-day wk. Beginning salary: $286 with automatic increases. Advancement for eligible applicants. Full maintenance available at minimum rate, housing for 2 or more nurses. Meets approved minimum employment standards of the State Nurses' Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Registered General Duty Nurses, 2: immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

Registered Nurses & trained Nursing Aides for large expanding City Hospital in Edmonton, Alberta. Experience available in all depts. including Operating Rooms & Case Rooms. Credit given for postgraduate work & past experience. Opportunities for advancement. Liberal sick leave & vacation allowances. General Duty: $220-$240 per mo. Staff Nurses: $240-$270 per mo. Certified Nursing Aides: $150-$170 per mo. Meals & laundry included. Fare will be advanced if necessary. For particulars apply to the Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered Nurses (2) immediately for 30-bed hospital within 1-hr. drive from Waterton National Park, ½-hr. from Lethbridge & 4-hr. from Calgary & Great Falls, Montana. Salary: $230 per mo. gross. $5.00 increases at the end of 6 & 12 mo. Straight 8-hr. rotating shifts. 44-hr. wk. 3-wk. vacation with pay after 1-yr. plus all statutory holidays. Apply Matron, Municipal Hospital, Magrath, Alberta.

Registered General Duty Nurses (2) for 20-bed modern hospital — rotating shifts. Salary: $246 gross with usual increments, less $26 for room & board & laundry of uniforms. Separate Nurses' Home. 3-wk. vacation plus statutory holidays after each yr. of service. Apply Matron, Municipal Hospital, Myrnam, Alberta.

Registered Nurses (2) for new 30-bed hospital. Apply Matron, Creston Valley Hospital, Creston, British Columbia.

Registered Nurses (Immediately) for 31-bed hospital. Salary: $252 per mo. with annual increments of $10 per mo. Excellent single room accommodation in comfortable nurses' home free, meals at nominal rates (or full maintenance $30 per mo.) 28-day annual leave plus 3-day travelling time. Steamship fare from Vancouver or Prince Rupert refunded after 6 mo. Full recreational facilities in pleasant surroundings in this modern up coast town. For full information please write to the Matron, General Hospital, P.O. Box 640, Ocean Falls, British Columbia.

Registered General Duty Nurses for new 47-bed General Hospital in friendly town (Cariboo dist. in B.C.). Starting salary: $235 per mo. Annual increments. 1-mo. vacation. 16 statutory holidays. Modern nurses' residence. Lodging, $25. Transportation allowance. Apply Administrator, G.R. Baker Memorial Hospital, Quesnel, B.C.

Registered General Duty Nurses (3) for 40-bed General Hospital. Salary: $255 per mo. 40-hr. wk. 4-wk. vacation with pay after 1-yr. 10 statutory holidays with pay per yr. Annual increment. 1½-day sick leave per mo. References required. Apply Sister Superior, St. John Hospital, Vanderhoof, British Columbia.

Registered Nurses, Certified Nursing Assistants, (General Duty) for 100-bed General Hospital 25-mi. from Toronto. Modern residence available. Apply Director of Nursing, Peel Memorial Hospital, Brampton, Ontario.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered General Duty Nurses, Certified Nursing Assistants for new 58-bed hospital, situated in northwestern Ontario. Gross salary: $227 per mo & $170 per mo. subject to increase after 6-mo., with regular annual increases thereafter. $45 per mo. room & board. New 21-bed nurses' residence — single rooms. Rail fare refunded after 1-yr. Apply stating age & when available to Director of Nursing, District General Hospital, Dryden, Ontario.

Registered General Duty Nurses for 35-bed hospital. Salary: $250 less maintenance with increase after 6-mo. & yearly thereafter for 3-yr. Apply Little Long Lac Hospital, Geraldton. Ontario.

Registered Nurses (2) for 60-bed hospital. Salary: $180 plus full maintenance. Increment after 1 yr. service for 4 yrs. 8-hr. duty. 28 days vacation. Residence accommodation. Apply Supt. of Nurses, Alexandra General & Marine Hospital, Goderich, Ont.

Registered Nurses for General Duty. Initial salary: $200 per mo., with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanatorium, Guelph, Ont.

Pembroke Cottage Hospital invites applications from **Registered & Graduate Nurses.** Excellent working conditions. 3-wk. vacation & 14-day sick leave after 1-yr. service. 7 statutory holidays. Blue Cross participation. Apply Director of Nursing, The Cottage Hospital, Pembroke, Ontario.

Registered General Duty Nurses for 200-bed General Hospiital, Salary $235 per mo. with annual increase. 5½ day wk. Good personnel policies. Apply Director of Nursing General Hospital, Sault Ste. Marie, Ontario.

General Dtuy Nurses. Registered & Grace Graduates. 44-hr. wk. 3-wk. vacation after 1-yr. All statutory holidays. 2-wk. sick leave. Apply Superintendent, Public Hospital, Smiths Falls, Ontario.

Registered Nurses for General Duty & Operating room for modern 100-bed hospital in south western Ont. Basic salary: $210 per mo. plus increments, plus shift differential. 5½-day wk. average. 21-day vacation, 7 statutory holidays. Sick leave benefits. Residence accommodation available. **Apply Director of Nurses, District Memorial Hospital, Tillsonburg, Ont.**

Registered General Duty Nurses for County Hospital in Huntingdon, 45 mi. from center of Montreal. Excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. 2 theatres, bowling, curling & dancing. 8 mi. from summer resort on Lake St. Francis & 12 mi. from U.S. border. Gross salary: $215 per mo. Three $5.00 increases at 6-mo. intervals to maximum $230. 44-hr. wk., 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 2-wk. sick leave. Blue Cross paid. 1-mo. annual vacation, all statutory holidays. Apply Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Que.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses for Recovery Room, Central Supply, Head Nurse & General Duty. New salary scale & personnel policies on request. Apply stating age, experience, when available, salary expected to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Que.

Registered Nurses for modern 52-bed hospital in English speaking community, 50-mi. from Ottawa. Salary: $175 per mo. $5.00 extra for evening & night duty (3-wk.) Straight 8-hr. duty with full maintenance. 44-hr. wk. Statutory holidays, sick leave & annual leave. Fare advanced if required. Apply Superintendent, Pontiac Community Hospital, Shawville, Quebec.

Registered Nurses (3) for 70-bed hospital. Gross starting salary: $235 increasing to $260. 45-hr. wk. 3-wk. vacation with pay plus statutory holidays. Modern reesidence. Room & meals: $30 per mo. Apply to Superintendent of Nurses, Box 1636, Nipawin, Saskatchewan.

Registered or Graduate Nurses for general duty for 20-bed modern hospital. Salary: R.N's, $230 — Grad. $220. Increment after each 6-mo. service. Maintenance: $30 per mo. 1-mo. vacation with pay after 1-yr. service. Separate staff residence. Apply Matron or Secretary-Manager, Riverside Memorial Hospital, Turtleford, Saskatchewan.

Registered Nurses for General Duty Staff. Salary commences at £40-10-0 per mo. with full maintenance. Transportation allowance. For full particulars apply Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered General Duty Nurses (2) for 10-bed hospital (4-crib nursery). P.M. & nights, salary: $345 per mo. 5-day wk. 2-wk. vacation after 1-yr service. 7 paid holidays. Apply Mrs. George B. Pimentel, Los Banos Emergency Hospital, Los Banos, California.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses for 38-bed General Hospital. Salary: $270 with periodic increases. Excellent personnel policies. For further information apply Superintendent, City Hospital, Red Wing, Minnesota.

Registered Nurses, college town of 10,000. Salary: $290 first 6-mo. Room & Board $25 per mo. 40-hr. wk. Holidays, sick leave. Apply Callaway Hospital, Fulton, Missouri.

Nurses — eligible for registry — immediate openings for general duty & surgery. Starting salary: $275 per mo. 40-hr. wk. Maintenance furnished if desired. Hospital located 12 mi. south of Portland with educational & cultural advantages; near mountains & seashore. Apply to Director of Nurses, Oregon City Hospital, 515 Tenth St., Oregon City, Oregon.

Registered Nurses for staff nursing in new & beautifully equipped 100-bed hospital in the Pacific northwest. Only 6 mi. from the Pacific Ocean. Delightful climate. Beginning salary: $290 for 40-hr. wk., $10 additional for p.m. & night duty. Apply Director of Nurses, County General Hospital, Tilamook, Oregon.

Registered General Duty Nurses for 50-bed General Hospital. Good working & living conditions. Ideal climate. Starting salary: $280 per mo. Apply to W.R. Coe Memorial Hospital, Cody, Wyoming.

General Graduate Nurses. Salary: $3,240-$3,720. 44-hr. wk. Residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply to Superintendent of Nurses, Baker Memorial Sanatorium, Calgary, Alberta.

Graduate Nurses General Duty (5) immediately for 68-bed Municipal Hospital. Starting salary: $180, plus full maintenance. $5.00 increase after each 6-mo. service. 44-hr. wk. 3-wk. vacation with pay after 1-yr. service. Apply to Matron, Municipal Hospital, Box C939, Taber, Alberta.

Graduate Nurse (1) with O.R. experience (Immediately) 28-bed hospital, pleasant surroundings. Salary: $250 per mo. less $40 per mo. room, board & laundry. 4-wk. vacation after 1 yr. service. 1½ days per mo. sick leave yearly, accumulative. Nice nurses' home. Please apply Administrator, Community Hospital, Grand Forks, B.C.

Graduate Nurses (Several — Immediately & for future vacancies) for modern 42-bed hospital in Northern Ontario. Residential town, pop. 5,000 (no mining or pulp mill). Overnight by rail, Montreal & Toronto. Salary range: $235-$285 per mo. 40-hr. wk. Excellent personnel policies. Apply Superintendent of Nurses, New Liskeard & District Hospital, New Liskeard, Ontario.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

Graduate Nurses for general staff duty in a tuberculosis hospital for treatment of adult medical patients. For further information, apply to Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Graduate Nurses for 33-bed General Hospital at Espanola (45 mi. from Sudbury). Salary: $230 to $250 gross per mo. Blue Cross & laundry provided. Apply Superintendent, General Hospital, Espanola, Ontario.

Graduate Nurses Needed! Essex County Hospital, Belleville, New Jersey is a general hospital with a rehabilitation unit located 30 min. from New York City. Beginning salary: $3,522 per annum with $199 annual increment. $30 additional for evening duty & $20 for night duty. 40-hr. wk. Liberal vacation, holiday & accumulative sick time. Hospital & medical-surgical insurance paid by county. Apply Director of Nursing.

Graduate Nurses for 398-bed J.C.A.H. non-sectarian, research & teaching hospital with N.L.N. fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Housing available at reasonable rates. Apply Director of Nursing Service, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio.

General Duty Nurses (2) for 35-bed hospital. Salary: $206 per mo. plus full maintenance. 4 increments at $5.00 per mo. after each 6-mo. 1-mo. vacation with pay per yr. Sick leave & hospitalization benefits. Refund of train fare from any point in Canada after 1-yr. employment. Apply to Municipal Hospital, Two Hills, Alberta. Telephone: 335.

General Duty Nurses, $255. 40-hr. wk. 28-day vacation yearly plus 10 statutory holidays. Sick leave 1½ days monthly, accumulative after 6-mo. Room & full board $25 per mo. Fare from Vancouver advanced or refunded after 6-mo. service. Apply Matron, St. George's Hospital, Alert Bay, British Columbia.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty Graduate Nurses (2). Salary: $250. Room, board & laundry: $40. 28-day vacation after 1-yr. service. All statutory holidays paid. Customary sick leave. Graduate complement, 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, B.C.

General Duty Nurses & Operating Room Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses (Immediately) to staff a new ward for General Hospital. 40-hr. wk. 28-day vacation. 10 statutory holidays. Sick leave, full benefits. Accommodation in nurses residence. Please apply Acting Director of Nurses, Prince George & District Hospital, Prince George, British Columbia.

General Duty Nurses for 40-bed hospital. Monthly salary: $250. Full maintenance, $45. 28-day annual vacation plus 10 statutory holidays. Rotating shifts. Cumulative sick leave. Self-contained residence. Apply Director of Nursing, General Hospital, Princeton, British Columbia.

General Duty Nurse for well-equiped 80-bed hospital in beautiful inland valley, adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling & skiing. Initial salary: $260, maintenance, $45. 44-hr. wk. 4-wk. paid vacation. Comfortable, attractive nurses' residence. Apply Bulkley Valley District Hospital, Smithers, British Columbia.

General Duty Nurses. Starting salary: $248 per mo., $10 additional for 2 yr. continuous past experience. 4 annual increments of $10 per mo. to B.C. Reg'd. nurses. $20 per mo. for one or more years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurses' residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurses (Immediately) for 500-bed hospital. 40-hr. wk. 28-day vacation. 10 statutory holidays. Cumulative sick leave. Credit for past experience. Apply Director of Nurses, St. Joseph's Hospital, Victoria, British Columbia.

General Duty Nurses (3) for 10-bed hospital in historic Cariboo Gold Trail District. Monthly salary: $255. Full maintenance: $45 per mo. 44-hr. wk. 30-day vacation. 10 statutory holidays. Apply Matron, Gold Quartz Hospital, Wells, British Columbia.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses' residence. For further information apply to Superintendent of Nurses.

General Duty Nurses for modern 35-bed hospital situated on beautiful South Shore. Good personnel policies. Excellent living quarters. Apply Superintendent, Fishermen's Memorial Hospital, Lunenburg, Nova Scotia.

General Duty Nurses for 35-bed hospital, 50-mi. from Toronto. Rotating shift. Salary: $200 per mo. with annual increase for 3-yr. Living accommodation in residence. Apply to Superintendent, Stevenson Memorial Hospital, Alliston, Ontario.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for 86-bed hospital. Gross salary: $190 to $210 for Registered Nurses. 44-hr. wk. Statutory holidays. Employee benefits. Living accommodation available. Collingwood is situated in the heart of vacation land on Georgian Bay, with 7 mi. of sand beach, & is noted in winter for its great skiing on the Blue Mts. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ontario.

McKellar General Hospital, Fort William, Ontario, requires nurses interested in Medical Nursing, Pediatrics & Operating Room. Basic salary: $225 per mo. Good personnel policies. Please apply to The Director of Nursing.

General Duty Nurses for 107-bed accredited hospital. Starting salary: $240 per mo. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ontario refunded after 6-mo. service. 44-hr. wk. 21-day vacation with pay, 8 statutory holidays, accumulated sick time. Medical & hospital plan subsidized. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ontario.

General Duty Nurses for all departments. Gross salary: $225 per mo. if registered in Ontario, $205 per mo., until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

General Duty Nurse for 10-bed hospital. Salary: $230 per mo. (when registered in Sask.) with $5.00 increment after each 6-mo. service up to $250. **Matron's** position starting at $265 per mo. open after **Aug. 1.** Apply Matron, Union Hospital, Dinsmore, Saskatchewan.

General Duty Nurses: $320,**Operating Room Nurses:** $335, plus shift differential for new 175-bed hospital. For information write to Mercy Hospital, Bakersfield, California.

General Duty Nurses, Operating Room Nurses for 64-bed acute treatment, fully accredited hospital in northern California. Excellent living conditions. For full details at once on salaries, working conditions, paid vacations, paid holidays, paid sick leave & other benefits apply to Director of Nursing Services, Woodland Clinic Hospital, Woodland, California.

Operating Room Nurse (Immediately — 2 or 3 yr. experience in operating room technique preferable). Salary: $235 basic, plus $10 on call allowance, plus credit for P.G. & 2-yr. satisfactory experience. Board & room available at $45 per mo. Apply stating age, qualifications & experience to Acting Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

Operating Room Nurse for 100-bed hospital. Salary: $230 minimum, depending on qualifications. For information apply to Director of Nursing, Norfolk General Hospital, Simcoe, Ontario.

Delivery Room Nurses (to rotate hours of duty) for new Obstetrical Dept. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Floor Duty Nurses for modern 50-bed General Hospital. Salary: $235 per mo. gross for registered nurses. Annual increment $60; extra pay for shift work. Apply Superintendent, Leamington District Memorial Hospital, Leamington, Ontario.

Licensed Practical Nurses (Male & Female). Staff positions available on general staff & special departments for 250-bed non-sectarian hospital located on beautiful Allison Island, Miami Beach, Florida. Accommodations for living in are available. Apply Director of Nursing Service, St. Francis Hospital, Miami Beach, Florida.

Supervisor (qualified.) Good salary. Extra allowance for experience if French speaking. 5-day wk., 4-wk. vacations, 18 days sick leave accumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses for rural Health Unit in Alberta. For particulars apply to the Medical Oeffier of Health, Minburn-Vermilion Health Unit, Vermilion, Alberta.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Salary range: $290-$345 per mo. depending on experience. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. A 5-day wk. in most districts. Uniform allowance. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C. Applications obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver, to be completed & returned to the Chairman, Civil Service Commission, 544 Michigan St., Victoria, British Columbia.

Public Health Nurse For generalized program for the Chatham Board of Health. Minimum salary without experience: $3,000 (experience given attention). Good working conditions including pension plan. Windsor Medical & Blue Cross plans, 50% of same paid by city. Car allowance for privately owned car. 4-wk. vacation. Apply stating qualifications to the Supervisor of Nurses, Chatham Board of Health, City Hall, Chatham, Ontario.

Public Health Nurses (Qualified) for generalized program. Salary: $3,000 to $3,600. Annual increment: $150. 5-day wk. Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

Public Health Nurses for generalized program in Seaway Development Area. Group ins. & Blue Cross available. Good transportation policy. Apply R. S. Peat, M.D., Medical Officer of Health, S. D. & G. Health Unit, 38 Augustus St. Cornwall, Ontario.

Public Health Nurses for Wentworth County Health Unit. Salary schedule: $3,000-$3,600. 5-day wk. 4-wk. vacation with pay. Sick leave credits. Blue Cross & medical plan available. Pension plan. Liberal car allowance, loans on purchase of car available. Apply giving experience & qualifications to A. F. Stewart, National Revenue Building, Hamilton, Ontario. Phone, JA. 8-2581.

Public Health Nurse (Qualified) for generalized program City of Kingston Health Dept. Salary range: $3,000-$3,700. 5-day wk. Hospitalization plan & P.S.I. benefits available. Transportation provided. Apply to R. A. Kelly, M.D., Medical Officer of Health, Dept. of Health, 93 King St. W., Kingston, Ontario.

Public Health Nurses (Bilingual) for Health Unit. Minimum salary: $2,800 with allowance for previous experience & annual increments. 5-day wk. Car provided or allowance for own car. Blue Cross & sick leave. Apply to Dr. R. G. Grenon, Director, Prescott & Russell Health Unit, Hawkesbury, Ontario.

Public Health Nurses (Qualified) for generalized public health service in rural-urban area. 4-wk. vacation. Pension plan. Accumulative sick leave. Please apply Dr. A. F. Bull, Medical Officer of Health, Halton County Health Unit, Milton, Ontario.

Public Health Nurse (1) for generalized program including bedside nursing. 1 mo., vacation after 1-yr. Blue Cross & group insurance available. Interest free loan for purchase of car, 9¢ per mi. car allowance. Apply to Dr. J. I. Jeffs, Health Unit, Napanee, Ontario.

Public Health Nurses for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ontario.

Public Health Nurses (Qualified) for generalized program in urban area. Starting salary without previous experience: $3,100. Transportation provided. 5-day wk. Pension & hospitalization plans employer shared. Apply Miss Gertrude H. Tucker, Supervisor, Public Health Nursing, Board of Health, City Hall, 50 Centre St., Oshawa, Ontario.

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Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative). Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range: $3,388-$3,834. Starting salary based on experience. Annual increments, 5-day wk. Vacation. Shared hospitalization. Sick pay & pension plan benefits. Apply Personnel Department, Room 320, City Hall, Toronto, Ontario.

Public Health Nurse (Duties to commence September 1st if possible). Fully qualified & experienced with administrative ability for health service in elementary schools. Salary range: $3,000-$4,000 for 10-mo. yr. with allowance for experience. Staff of 3 nurses. Blue Cross, cumulative sick leave, pension plan etc. Apply to S. G. Wismer, Sec.-Treas., Public School Board, Waterloo, Ontario.

General Duty Nurses for Operating Rooms & Case Rooms (Immediately) for 350-bed hospital. For further information please apply Director of Nursing, Holy Cross Hospital, Calgary, Alberta.

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2. AN ASSOCIATE DIRECTOR OF NURSING SERVICE:
   To supervise & assist in the organization & development of the clinical services in the hospital. To assist in the selection, development, & promotion of hospital staff.
   Qualifications:
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   b. Desirable but not essential, a Master's degree or equivalent education & experience.
3. AN OPERATING ROOM SUPERVISOR.
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St. John's, Newfoundland

Associate Director of Nursing

Applications are invited for the post of Associate Director of Nursing at the above hospital. Qualifications should include experience as a supervisor in nursing services & postgraduate study in administration. Applicant must be eligible for registration in Newfoundland.

Duties include assisting the Director of Nursing in the administration of nursing services. Salary scale: $3,600 — $100 — $3,900 per annum. Hours of duty: 40-hr. 5-day wk. Annual vacation: 24 working days. Generous sick leave.

Transportation to Newfoundland will be paid by the hospital. Further information & details can be obtained from:

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GENERAL HOSPITAL,
ST. JOHN'S, NEWFOUNDLAND

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(Southern Area)

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150-beds

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